

AIR QUALITY COMPLIANCE CERTIFICATE REQUEST FORM

Submit in person or by mail to:

The University of Texas at Arlington
Division for Enterprise Development
140 W. Mitchell, Arlington, TX 76019
M: 817-272-2581 | F: 817-272-2556
cedregistration@uta.edu

Status of Processing: Certificate request forms will be processed within ten business days of receipt. If you do not receive a receipt of confirmation within this time frame, contact our office. All certification credentials will be shipped via FedEx with signature release unless otherwise requested.

Application Information:

Recipients will be provided with both a hard and an electronic certificate of their certification after completion.

If you have not completed your certification requirements: Students applying for their certification prior to completing all requirements will be presented with their certification in their final class. Certificate request forms must be submitted *no later* than close of business on Monday the week prior to your course and *no earlier* than four weeks. All coursework must be completed other than the final class before application submittal. If the student reschedules their last class, they are responsible for notifying our office and paying a \$25 rescheduling fee.

If you have completed all of your certification requirements: Credentials will be sent to the address provided on page 2.

Student Information:

Note: Enter name as it will appear on certification credentials

Last Name	First Name	MI	Date of Request
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Mailing Address	City	State	Zip
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Phone Number	Email Address
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I would like to be included in the UT Arlington Environmental Training Institute’s monthly electronic newsletter.

Certification Requirements:

A copy of each course completion certificate or transcript is required for coursework not completed through the UT Arlington’s Environmental Training Institute.

Required Courses (2):

- AIR 201 – Fundamentals of the Clean Air Act
- AIR 202 – Air Monitoring Techniques

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Item	Unit Price	Quantity	Price
Application Fee <i>Includes paper and PDF certificate</i>	\$75	1	\$75
<i>Total:</i>			

Office Use Only

Course Number: _

Dates: _

Location _

Shipping Information:

Last Name _____ First Name _____ MI _____ Date of Request _____

Mailing Address _____ City _____ State _____ Zip _____
Note: Cannot be P.O. Box

Phone Number _____ Email Address _____

Payment Information:

Charge to: Visa Master Card Discover American Express

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 Card Number _____ Expiration Date _____

Name on Card _____

Authorized Signature _____

Office Use Only

Date Received: _ Received By: _____ Verified by: _

Payment Taken By: _ Auth./Check #: _

Course Number: _ Course Dates: _

Notes: _

