

**Maine Department of Economic & Community Development  
Code Enforcement Training & Certification Program  
Application for Credit for Outside Training**

(This form is not required for training presented by DECD)

Name \_\_\_\_\_ Email \_\_\_\_\_

CEO Certification # \_\_\_\_\_ or TPI Certification # \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check the areas that you are requesting credits:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Court Rule 80K    | <input type="checkbox"/> Subsurface Wastewater   | <input type="checkbox"/> Residential Energy |
| <input type="checkbox"/> Legal Issues      | <input type="checkbox"/> Residential Building    | <input type="checkbox"/> Commercial Energy  |
| <input type="checkbox"/> Land Use / Zoning | <input type="checkbox"/> Commercial Building     | <input type="checkbox"/> Radon              |
| <input type="checkbox"/> Shoreland Zoning  | <input type="checkbox"/> Residential Ventilation |   |
| <input type="checkbox"/> Internal Plumbing | <input type="checkbox"/> Commercial Ventilation  |   |

**Description of Training or Work Experience:**

---



---

**Date(s) of Activity:** \_\_\_\_\_ **Hours claimed:** \_\_\_\_\_

(Do not include meals or breaks)

**Institution or Organization Providing Training:** \_\_\_\_\_

**Location of Training or Work Employment:** \_\_\_\_\_

**For training credit:** (please check one)  Syllabus/agenda attached  
 Institution to provide agenda  
 Institution to provide registration list

<b>Name of Institution or Organization:</b>	<b>Address:</b>
<b>Name of trainer:</b>	<b>Title:</b>
<b>Verifying Signature:</b>	<b>Date Signed:</b>
<b>Received at SPO:</b>	<b>Credits approved:</b>

**Return this form with documentation to:**

Drew Morris  
Maine Department of Economic and Community  
Development  
CEO Training & Certification Program  
59 State House Station  
Augusta, Maine 04333-0059