







PROJECT NAME AND SITE ADDRESS:	CONTRACT NUMBER:
	ORACLE NUMBER:
	WDID NUMBER:

**Stormwater Training Record**

**Instructor Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using Stormwater Multiple Application and Report Tracking System (SMARTS) of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.

Instructor Name:	Date
Instructor Signature:	Title

**Review and Record Keeping**

Has training information been entered into the Stormwater Training Log (CE 2031)? ☐ Yes ☐ No

I have reviewed this document and, based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, to the best of my knowledge and belief the information submitted is true, accurate and complete.

Water Pollution Control Manager Name:	Date
Water Pollution Control Manager Signature:	
Resident Engineer Name:	Date
Resident Engineer Signature:	

**INSTRUCTIONS**

**GENERAL INFORMATION**

- Projects with a Stormwater Pollution Prevention Plan (SWPPP) or Water Pollution Control Program (WPCP) require the information on this form to document stormwater training for contractor and subcontractor managers, supervisors, and employees.
- Provide this training record and an updated copy of CE-2031, "Stormwater Training Log," to the Resident Engineer within five (5) days of the date of training.
- Attach additional copies of page 2 of this form if necessary to record all attendees attending training.

**FORM**

- **WDID Number**  
For projects with Water Pollution Control Program, enter "WPCP."