

Los Angeles Regional Water Quality Control Board Irrigated Land Regulatory Program

Conditional Waiver for Irrigated Lands Education Credit Approval Request

Please email the completed form to stoneva@waterboards.ca.gov

A. Course Description (please provide copy of agenda)

Course/Workshop Title	<input type="checkbox"/> Spanish <input type="checkbox"/> English	Course/Workshop Date	
Course/Workshop Location Address	Starting Time	Ending Time	
Course Provider Organization	Email Address		
Course Provider Contact Person	Telephone Number		
Course Provider's Address	Fax Number		

B. Hours Requested

C. Hours Approved (Regional Board use only)

Please submit official workshop participation list to confirm grower participation.	

D. Topic(s) Covered

- | | |
|--|---|
| <input type="checkbox"/> Nutrient management practices | <input type="checkbox"/> Pesticide management |
| <input type="checkbox"/> Irrigation management practices | <input type="checkbox"/> Erosion and sediment control |
| <input type="checkbox"/> Other (please describe) | |

E. Approval (For Regional Board use only)

- Your request for education credits has been approved.
- Based on the information provided your request does not meet approval requirements.

Staff Signature: _____

Date: _____

Executive Officer Signature: _____

Date: _____