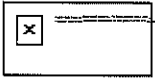


WALKER Cheryl

From: Kitty Davis <kitty@digsafelyoregon.com>
Sent: Monday, June 06, 2016 10:58 AM
To: WALKER Cheryl
Subject: NC#350 - training completed by Cascade Natural
Attachments: NC#350.Oregon Public Utility Commission Training Verification 6-6-2016.pdf

--

Kitty Davis
Administrative Coordinator | OUNC
503-781-6988



(BILL WALKER)

ORDER NO. 16-1182



Oregon Public Utility Commission
Training Verification

Docket NC 350

Instructions:

- Schedule training(s) outlined in Stipulation
- Complete the Training Verification form on the day of the training
- All attendees must print and sign their name on the Training Verification form
- Instructor must date and sign the Training Verification form upon completion of training
- Mail completed Training Verification form to the address below (retain a copy for your records)

Type of Training: (To be filled out and signed by the instructor)

- OUNC - Oregon Excavation Laws Instructor: _____ Date: _____
- Operator Safety Presentation Instructor: _____ Date: _____
- Other: ENFORCEMENT TRAINING Instructor: W. Walker Date: 6/6/16

JILL VAN LANDUYT *Jill VanLanduyt*

Name (Printed)	Name (Signed)
Gabe Sheerer	<i>Gabe Sheerer</i>
Levi McClain	<i>Levi McClain</i>
Randy ALLEN	<i>Randy Allen</i>
Tyler Swelder	<i>Tyler Swelder</i>
Connor McCleary	<i>Connor McCleary</i>
Matthew Reed	<i>Matthew Reed</i>
Thad Stiles	<i>Thad Stiles</i>
Robert FOSTER	<i>Robert Foster</i>
Chris Yarbrough	<i>Chris Yarbrough</i>
mac Conley	
Justin	<i>Barnard [Signature]</i>

Mail Completed form to:

Public Utility Commission of Oregon
 Administrative Hearings Division
 201 High St. SE, Ste. 100
 PO Box 1088
 Salem OR 97308-1088

ATTACHMENT 1

Page 1 of 4



Oregon Public Utility Commission
Training Verification

Docket NC 350

Instructions:

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- Instructor must date and sign the Training Verification form upon completion of training
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Type of Training: (To be filled out and signed by the instructor)

- OUNC – Oregon Excavation Laws Instructor: _____ Date: _____
- Operator Safety Presentation Instructor: _____ Date: _____
- Other: _____ Instructor: _____ Date: _____

Name (Printed)	Name (Signed)
Thomas Schaal	TSchaal
FRANK LEE	FL
Ray Sams	Ray Sams
STEVE GIST	Steve Gist
GALE DEKLEVEN	Gale Deklevan
John Forester	John Forester
Mac Brownrigg	Mac Brownrigg
Jim Smith	Jim Smith
Brandon Wollenberg	Brandon Wollenberg
MARK JARVIS	Mark Jarvis
Brett Curtis	Brett Curtis

Mail Completed form to:

Public Utility Commission of Oregon
Administrative Hearings Division
201 High St. SE, Ste. 300
PO Box 1088
Salem OR 97308-1088

ATTACHMENT 1

(Bill Walker)

ORDER NO. 16"182"



Oregon Public Utility Commission
Training Verification

Docket NC 350

Instructions:

- Schedule training(s) outlined in Stipulation
- Complete the Training Verification form on the day of the training
- All attendees must print and sign their name on the Training Verification form
- Instructor must date and sign the Training Verification form upon completion of training
- Mail completed Training Verification form to the address below (retain a copy for your records)

Type of Training: (To be filled out and signed by the instructor)

- OUNC – Oregon Excavation Laws Instructor: _____ Date: _____
- Operator Safety Presentation Instructor: _____ Date: _____
- Other: Instructor: _____ Date: _____

Name (Printed)	Name (Signed)
Chris Larson	<i>[Signature]</i>
Al Luttrell	<i>[Signature]</i>
Like Melan	<i>[Signature]</i>
Hunter Karl	<i>[Signature]</i>
Ken Kenneth Whitney	<i>[Signature]</i>
THOMAS KIM LARSON	<i>[Signature]</i>
Joshua Buzzell	<i>[Signature]</i>
Ed Potter	<i>[Signature]</i>
DENIS EDINGER	<i>[Signature]</i>
CHRIS JONES	<i>[Signature]</i>
NICK ROSS	<i>[Signature]</i>

Mail Completed form to:

Public Utility Commission of Oregon
Administrative Hearings Division
201 High St. SE, Ste. 100
PO Box 1088
Salem OR 97308-1088

ATTACHMENT 1

(Bill Wacker)

ORDER NO. 16"182"



Oregon Public Utility Commission
Training Verification

Docket NC 350

Instructions:

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- Complete the Training Verification form on the day of the training
- All attendees must print and sign their name on the Training Verification form
- Instructor must date and sign the Training Verification form upon completion of training
- Mail completed Training Verification form to the address below (retain a copy for your records)

Type of Training: (To be filled out and signed by the instructor)

- OUNC -- Oregon Excavation Laws Instructor: _____ Date: _____
- Operator Safety Presentation Instructor: _____ Date: _____
- Other: _____ Instructor: _____ Date: _____

Name (Printed)	Name (Signed)
Ryan Phillips	<i>[Signature]</i>
Kevin Kibben	<i>[Signature]</i>
Mark DeWasse	<i>[Signature]</i>
Gregory Overhill	<i>[Signature]</i>
Garrett Curtis	<i>[Signature]</i>
Jason Stiles	<i>[Signature]</i>
JESSE SAUL	<i>[Signature]</i>
ERIC CANNON	<i>[Signature]</i>

Mail Completed form to:

Public Utility Commission of Oregon
 Administrative Hearings Division
 201 High St. SE, Ste. 100
 PO Box 1088
 Salem OR 97388-1088

ATTACHMENT 1