



**STATE OF LOUISIANA
BOARD OF CERTIFICATION FOR SOLID WASTE DISPOSAL
SYSTEM OPERATORS
APPLICATION FOR CERTIFICATION**

Please Send Original and 12 Copies to:

**Louisiana Department of Environmental Quality
Board of Certification and Training for Solid Waste Management Operators
OES, PPPSD, Notifications and Accreditations Section
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313
(225) 219-3079**

1. Personal Data

(Please Type or Print in Ink)

Employee's Full Name Last Initial First Middle			Name of Employer		
Home Address			Name of Solid Waste Management Facility (Site)		
City	State	Zip	Site Address		
Home Phone Number ()			City	State	Zip
<i>For Office Use Only</i> Agency Interest Number (A.I. #) _____			Site Phone Number ()		Site Parish
_____ \$100 Examination		_____ \$100 Certification		Employer's Mailing Address	
Check Number _____		Check Date _____		City	State
Check Amount _____				Zip	

2. Examinations Requested - Check Applicable Blank(s)

Landfills Level A _____ Level B _____ Level C _____	Incinerator/Waste Handling Facility Level A _____ Level B _____	Construction/Demolition or Woodwaste Facility Level A _____ Level B _____
Surface Impoundment Level A _____	Refuse-Derived Fuel Facility Level A _____ Level B _____	Composting Facility Level A _____ Level B _____
Landfarms Level A _____ Level B _____	Transfer Station Level A _____ Level B _____	Separation Facility Level A _____ Level B _____

3. Certification(s): List all past and current Solid Waste Operator Certifications

(If no certification held, write none) _____

Class	Level	Date Issued	Certificate No.

4. Education *(Answer Each Question That Applies)*

Total number of years of formal education _____ <i>(Includes grade school, high school, college)</i>	
Dates attended High School <i>(month/year)</i> From ____/____ To ____/____	
Received <i>(check one)</i> High School Diploma _____ Equivalency Certificate _____	
Name and Address of High School (diploma or equivalency certificate received) Name: Address:	Date Received: <i>(month/year)</i> ____/____ State:
College or University Name: Location: Credit hours: <i>(semester and quarter hours)</i>	Dates attended: <i>(month/year)</i> From ____/____ To ____/____
College/University Degree Received Curriculum:	BA _____ BS _____ Other: _____
Other schools attended <i>(include business, trade, military, etc.)</i> <i>(Attach separate sheet if necessary)</i> School: Address: Course Name: Certificate or Diploma Received:	Dates attended: <i>(month/year)</i> From ____/____ To ____/____
If no diploma or certificate received, indicate if you completed the course. Yes ____ No ____	Total no.of classroom hrs. for completed courses. _____

5. Experience/ Work History

Start with **present** and work back. List below all positions held in **Solid Waste Management** and closely related fields of employment which apply to SW Operator Certification:

a.

Date of employment (<i>month, day, year</i>) From ____/____/____ To ____/____/____	Type of (or) Class of Facility
Average No. Hrs. Worked Per Week	Firm or Site Name
Title of your Position	Name/ Title of Immediate Supervisor
Name/Title of Employees Supervised	Address: City: State: Zip:
Describe your Work in Detail	

b.

Date of employment (<i>month, day, year</i>) From ____/____/____ To ____/____/____	Type of (or) Class of Facility
Average No. Hrs. Worked Per Week	Firm or Site Name
Title of your Position	Name/ Title of Immediate Supervisor
Name/Title of Employees Supervised	Address: City: State: Zip:
Describe your Work in Detail	

c.

Date of employment (<i>month, day, year</i>) From ____/____/____ To ____/____/____	Type of (or) Class of Facility
Average No. Hrs. Worked Per Week	Firm or Site Name
Title of your Position	Name/ Title of Immediate Supervisor
Name/Title of Employees Supervised	Address: City: State: Zip:
Describe your Work in Detail	

d.

Date of employment (<i>month, day, year</i>) From ____/____/____ To ____/____/____	Type of (or) Class of Facility
Average No. Hrs. Worked Per Week	Firm or Site Name
Title of your Position	Name/ Title of Immediate Supervisor
Name/Title of Employees Supervised	Address: City: State: Zip:
Describe your Work in Detail	

6. Continuing Education Attach evidence of attendance, if not already on file, in Board's Offices.)

In-Service Training (List each attended)

Course	Course Location	Date Attended	Total No. of Classroom Hrs.

7. Qualification by Reciprocity

(Attach copy of currently held (un-expired) Certificate/License from any State, territory, or possession of the U. S., or any Country). Reciprocity is subject to review by the Board and a copy of the Law/Rules and Regulations under which you were certified/licensed must be attached to assist in said review.

I currently hold a Certification/License in:	Date Issued ____/____/____ Certificate Number _____
From (<i>Certification Authority</i>)	Date Expires _____ Acquired by: Examination Reciprocity (circle one)

8. Qualification for Conditional Certification

_____ Check here if you are applying for Certification as provided for in Section 917.E. of the Rules of Procedure for Solid Waste Operator Certification and Training.

The regularly certified operator that will be replacing or succeeding is _____.
 Termination Date of operator that you will be replacing or succeeding _____.

9. Certification of Appointment (*Required if Section 8 is completed.*)

I, as the applicant’s supervisor, hereby attest, under penalty of law, that the applicant has been appointed to succeed the regularly certified operator, as identified in Section 8.

 Signature of Supervisor

 Printed Name

 Date

10. Examination Fee (Check applicable)

_____ a. Examination \$100 per examination

_____ b. Certification \$100

Method of payment shall be by check, or money order, made payable to:
The Board of Certification and Training at the address at the top of the 1st page of the form.

11. Data Verification

I verify that the foregoing data and/or facts are correct, to the best of my knowledge, and in completing this application do hereby agree to take the examination(s) required by the Board of Certification and Training at the time and place designated by the Board. All information contained in this application and all attached supporting documents, are subject to verification by the Board. Any false or erroneous information may be cause for disapproval of this application and/or loss of Louisiana Certification.

Signature of Applicant

Printed Name

Date

12. Certification

I, as the applicant's supervisor, have personally examined and am familiar with the information contained in this document. I hereby attest, under penalty of law, that the information is true, accurate, and complete to the best of my knowledge.

Signature of Current Supervisor

Printed Name

Date