



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**APPLICATION FOR A CERTIFICATE OF COMPETENCY  
FOR A COMMERCIAL CLASS I RUBBISH SITE OPERATOR**

*(Please provide information in printed or typewritten form.)*

**1. APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email (if available): \_\_\_\_\_

Indicate the status of the class I rubbish site that you seek certification to operate:

Existing Site

New/Proposed site

Not Currently Associated with a Site

Name of Rubbish Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Permit/Certificate # \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position Title: \_\_\_\_\_

**2. WORK EXPERIENCE INFORMATION\***

*\*Applicants must demonstrate at least one year of experience in the operation of a rubbish site or other comparable disposal site. Please provide any disposal site operation experience information below. If you do not have at least one year of experience in rubbish site or other disposal operations, you may use this section or attach additional sheets to describe any other relevant work experience you wish MDEQ to consider in lieu of disposal site operation experience.*

How many total years of rubbish site operating experience do you have? \_\_\_\_\_ years \_\_\_\_\_ months

Name of Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Permit/Certificate # \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. EDUCATIONAL EXPERIENCE

Have you graduated from an accredited high school or passed a General Educational Development (GED) Test?

Yes  No

Name of High School: \_\_\_\_\_

Location: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

GED Testing Location: \_\_\_\_\_

Date of Test: \_\_\_\_\_

*If you wish for MDEQ to consider any formal education you have beyond a high school diploma or GED as credit for work experience (up to 6 months of credit), please provide the information below:*

Name and date(s) of college(s), university(s), or technical schools(s) attended:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Major/Program: \_\_\_\_\_

Did you graduate?  Yes  No Date of Graduation: \_\_\_\_\_

Degree/Certificate Received: \_\_\_\_\_

### 4. EXAMINATION

Have you passed an examination given or approved by the Commission on Environmental Quality?

Yes  No

Testing Date: \_\_\_\_\_ Testing Location: \_\_\_\_\_

### 5. CERTIFICATION

I hereby certify that the information provided in this application is a true and correct representation of the information that is requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail completed application to:  
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
ATTN: MR. MARK WILLIAMS  
P.O. BOX 2261  
JACKSON, MISSISSIPPI 39225  
PHONE: (601) 961-5171 FAX: (601) 961-5785**