STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE POLICY, PLANNING & GRANT BRANCH
P. O. BOX 2261
JACKSON, MISSISSIPPI 39225-2261
PHONE: (601) 961-5171 – FAX (601) 961-5785

APPLICATION FOR CERTIFICATION OF A COMMERCIAL SOLID WASTE LANDFILL OPERATOR

Please provide information in typewritten form

1. Applicant's Full Name: _____
   Applicant's Address: _____
   _____
   City: _____ State: _____ Zip: _____
   Telephone: _____ E-mail: _____

2. Current Employer: _____
   Employer's Address: _____
   _____
   City: _____ State: _____ Zip: _____
   Employer's Telephone: _____

3. Name of Landfill Facility (if applicable): _____
   Address: _____
   _____
   City: _____ State: _____ Zip: _____
   Facility Telephone: _____ Position Title: _____
   Date of Employment: _____

4. Name of Current Supervisor(s): _____
   Address: _____
   _____
   City: _____ State: _____ Zip: _____
   Supervisor's Telephone: _____ Supervisor's E-mail: _____

   Name of Current Supervisor(s): _____
   Address: _____
   _____
   City: _____ State: _____ Zip: _____
   Supervisor's Telephone: _____ Supervisor's E-mail: _____

OPERATOR CERTIFICATION APPLICATION

5. Educational Requirements

   a. Provide information on the written landfill operator examination that you completed and passed. Such examination must be developed, prepared, and given by the Mississippi Commission on Environmental Quality, or developed, prepared, and given by another organization and approved by the Commission.

      Name of Examination: _____
      Organization that prepared the Examination: _____
      Location where Examination was given: _____
      Date of Examination: _____

      A copy of the certificate of graduation, letter, or other documentation should be attached as proof that examination was successfully completed.

   b. Have you graduated from an accredited high school or received an equivalent diploma (GED)?

      Yes: ☐ No: ☐

      Name of High School _____
      Location: _____
      Year of Graduation: _____

      GED Location: _____
      Date of Test: _____

   Provide information on the years of college education that you have completed:

   Years completed: ☐ 0 – 6 months ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years or more
   Name of college(s), university(s), or technical school(s) attended:

   _____

   _____

   Dates attended: _____
   College Major: ☐ Engineering ☐ Mathematics
   ☐ Engineering Technology ☐ Chemistry
   ☐ Biology ☐ Geology
   ☐ Other (Please specify) _____

   Did you graduate? ☐ Yes ☐ No Date of Graduation _____

   If the applicant intends to utilize educational years as credit towards experience requirements, a copy of a diploma, transcript, or certified grades should be attached as documentation.

OPERATOR CERTIFICATION APPLICATION

6. Experience Requirements

How many total years of experience operating a landfill do you have? _____

List the names of the landfills, the name of your supervisor, the years of experience at each site, and provide a brief narrative description of our duties and responsibilities at each site. Start with your present employment and provide the information in reverse chronological order (beginning with your current or most recent experience.

Landfill Name: _____
Name of Supervisor: _____
City: _____ State: _____
Years Experience: _____ Dates of employment: _____to _____
Duties:

Landfill Name: _____
Name of Supervisor: _____
City: _____ State: _____
Years Experience: _____ Dates of employment: _____to _____
Duties:

Landfill Name: _____
Name of Supervisor: _____
City: _____ State: _____
Years Experience: _____ Dates of employment: _____to _____
Duties:

Landfill Name: _____
Name of Supervisor: _____
City: _____ State: _____
Years Experience: _____ Dates of employment: _____to _____
Duties:

Attach additional sheet(s), if necessary to provide all information

OPERATOR CERTIFICATION APPLICATION

7. Other Information

   a. Do you hold a current Operator Certification from other states? YES ☐ NO ☐

      If yes, attach a copy of that certificate and complete the following:

      State of Issuance: _____

      Date of Certification: _____

      Date of Expiration: _____

   b. Have you had a comparable or related certificate of competency revoked or suspended since your previous certification?

      YES ☐ NO ☐

      If yes, explain:

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

_____ _____

Signature of Applicant Date