

# Certification Application for Operators of Landfills, Transfer Stations, Recycling and Volume

**Reduction Facilities**

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-209-6, this application must be completed to apply for or renew certification.

## Part I: Applicant Information

2. Do You Currently Hold a Valid Connecticut Certificate?

Yes

No

If Yes, Please Attach a Photocopy of The Certificate (if available) to This Application and Complete the Following:

1. Type of Connecticut Certification: (Check One)

Landfill / Transfer Station / Volume Reduction Facility Operator Transfer Station / Volume Reduction Facility Operator only Recycling Facility Operator

Other:

1. Certificate Number:
2. Date Certificate Expires:

3. Do You Have Other Related Certifications?

Yes

No

If Yes, Please Attach A Photocopy To This Application. Sponsoring Organization:

Type of Certification: Certificate Number:

Date Certificate Expires:

|  |  |
| --- | --- |
| 1. Name of Applicant: |  |
| Mailing Address: |
| City/Town: | State: | Zip Code: |
| Phone: | Email: |  |

**Part II: Education/Training**

1. Elementary and Secondary School (Check Highest Grade Completed):

1 2 3 4 5 6 7 8 9 10 11 12

|  |  |  |
| --- | --- | --- |
| 2. Did you graduate from high school? | Yes | No |
| If Yes, please provide the following: |  |  |
| Year of Graduation: |  |  |
| Name of School: |  |  |
| Mailing Address:City/Town: |  | State: Zip Code: |

If No, have you obtained a High School Equivalency Certificate? Yes No Identify Source:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. College:Mailing Address: City/Town: Dates Attended: Major/Minor:Degree Obtained? | Yes | No | Type: | State: | Zip Code: |
| College:Mailing Address: City/Town: Dates Attended: Major/Minor:Degree Obtained? | Yes | No | Type: | State: | Zip Code: |

3. List Any Other Related Educational Courses or Training Taken Within The Last 5 Years:

*Date Taken Name of Class Duration Sponsoring Organization*

Check if additional sheets are attached to this page.

**Part III: Experience** (List Related Employment Only)

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| 1. Present Employer: Mailing Address:City/Town: State: Zip Code:Dates Employed: From: To:Job Title:Description of Facility and Your Duties: |
| 2. If you have been employed less than 5 years with the present employer, please complete the following: Former Employer:Mailing Address:City/Town: State: Zip Code:Dates Employed: From: To:Job Title:Description of Facility and Your Duties: |

## Part IV: Certification

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| “I certify that all information provided by me in this application and any attachments is true and complete to the best of my knowledge and belief, and I understand that any false statement I have made in this application or any attachment is punishable as a criminal offense, in accordance with Connecticut General Statutes, Section 22a-209-6, under Connecticut General Statutes, Section 53a-157b.” |
| Signature of Operator |  | Date |
| Name of Operator (print or type) | Title (if applicable) |

Please return this application to:

WASTE ENGINEERING AND ENFORCEMENT DIVISION

BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE CONNECTICUT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET

HARTFORD, CT 06106-5127

Any questions, please contact the DEEP Recycling Program at 860-424-3366 or deep.recyclingprogram@ct.gov