

**Certification Application for Operators of Resources Recovery 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-231-1, this application must be completed to apply for or renew certification.

# Part I: Applicant Information

2. Certification Type: (Check One)

Initial

Renewal

3. Resources Recovery Facility Classification: (Check One) Class 1 - Processing capacity over 600 TPD

Class 2 - Processing capacity equal to/less than 600 TPD

4. Operator Certification Status: (Check One)

Chief Operator

Shift Operator

5. Other Related Certifications/Licenses Currently Held:

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

**Part II: Education**

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

1 2 3 4 5 6 7 8 9

10

11

12

If No, have you obtained a High School Equivalency Certificate?

Identify Source:

Yes

No

|  |  |  |
| --- | --- | --- |
| 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: |

**Part II: Education (continued)**

3. List Any Other Related Educational Courses:

*Date Taken Name of Class*

*Sponsoring Organization*

Check if additional sheets are attached to this page.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. 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: |

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

1. Present Employer: Mailing Address: City/Town:

Dates Employed: From: Job Title:

Description of Facility and Your Duties:

State:

To:

Zip Code:

# Part III: Experience (continued)

|  |
| --- |
| 2. Former Employer: Mailing Address:  City/Town: State: Zip Code:  Dates Employed: From: To:  Job Title:  Description of Facility and Your Duties: |
| 3. Former Employer: Mailing Address:  City/Town: State: Zip Code:  Dates Employed: From: To:  Job Title:  Description of Facility and Your Duties: |

**Part IV: Certification**

|  |  |  |
| --- | --- | --- |
| “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 and 22a-231-1, 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