

## Connecticut Department of Energy & Environmental Protection

Bureau of Materials Management & Compliance Assurance Waste Engineering & Enforcement Division

# 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**

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1.	Name of Applicant:						
	Mailing Address:		State:	7in	Code		
	City/Town: Phone:	Email:	State:	ΖIÞ	Code:		
	Priorie.	Email.					
2.	Certification Type: (Check One)		Initial		Renewal		
3.	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	k One)	Chief Operator		Shift Operator		
5.	5. Other Related Certifications/Licenses Currently Held:						
Part II: Education							
1.	. Elementary and Secondary School (Check Highest Grade Completed):						
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	5 <b>6 6</b>	] 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?						
	Identify Source:						

## Part II: Education (continued)

<ul> <li>2. College: <ul> <li>Mailing Address:</li> <li>City/Town:</li> <li>Dates Attended:</li> <li>Major/Minor:</li> <li>Degree Obtained?</li> <li>Yes</li></ul></li></ul>	State:	Zip Code:						
Mailing Address: City/Town: Dates Attended: Major/Minor: Degree Obtained?	State:	Zip Code:						
List Any Other Related Educational Courses:     Date Taken Name of Class	Sponsoring Org	ganization						
☐ Check if additional sheets are attached to this page.								
Part III: Experience (List Related Employment Only)								
1. Present Employer:								
Mailing Address:								
City/Town:	State:	Zip Code:						
Dates Employed: From:	To:							
Job Title:								
Description of Facility and Your Duties:								

## 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