



**Louisiana Department of Environmental Quality
 OES - Permit Support Services Division
 Notifications & Accreditations Section
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DEPARTMENT USE ONLY: A I # _____
Check # _____
Check Date: _____
Check Amt. \$ _____

APPLICATION FOR SOLID WASTE OPERATOR CERTIFICATION

1. Personal Data:

Applicant Name:			
First:	Middle:	Last:	
Street Address:	City:	State:	Zip:
Home Phone:		Home Email:	
Name of Employer:			
Employer's Mailing Address: _____			
City:	State:	Zip:	
Employer's Phone:		Employer's Email:	
Solid Waste Facility Address: _____			
City:	State:	Zip:	Parish:

2. Examination(s) Requested:

Landfill (Type II)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B	<input type="checkbox"/> Level C	Conditional Certification <input type="checkbox"/>
Surface Impoundment (Type II)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Landfarm (Type II)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Incinerator/Waste Handling (Type II-A)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Transfer Station (Type II-A)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Construction/Demolition Or Woodwaste (Type III)	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Composting	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>
Separation	<input type="checkbox"/> Level A	<input type="checkbox"/> Level B		Conditional Certification <input type="checkbox"/>

3. Certification(s) List all past and current Solid Waste Operator Certifications.

Classification	Level	Date Issued	Certificate No.

4. Education (Answer Each Question That Applies)

Total number of years of formal education _____		
Dates attended High School (month/year) from _____ to _____		
Received (check one) _____ High School Diploma _____ Equivalency Certificate		
Date Received _____		
Name and Address of High School (diploma or equivalency certificate received)		
College or University:	Location:	Credit Hours:
Dates attended College or University (month/year) from ___/___/___ to ___/___/___		
Degree Received BA BS Other		
Other schools attended (include business, trade, military, etc.):		
Dates attended (month/year) from _____ to _____		
Course Name:		Certificate or Diploma Received:
If no diploma or certificate received, indicate if you completed the course. Yes No		
Total number of classroom hours for completed course: _____		

5. Experience/Work History

Start with present employer and work back. List below all positions held in Solid Waste Management and closely related fields of employment which apply to Solid Waste Operator Certification:

a.

Date of employment (month/day/year) From ___/___/___ To ___/___/___	Type of (or) Class of Facility
Average no. Hrs. Worked Per Week	Site Name
Title of your position	Address: City: State: Zip:
Name/Title of Employees Supervised (attach separate sheet if necessary)	Name/Title of Immediate Supervisor
Describe your work in detail:	

