



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 RE-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. Re-certification Requested:

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

- a. Attach proof of attendance at a training session or sessions approved by the Board, including but not limited to dates(s) of training, hours of attendance, course outline, agency or institution providing training, etc.
- b. Attach proof of current certification.
- c. Late Re-Certification will be considered by the Board if application is made within 3 months following the expiration date of the certificate. All training requirements must have been met before the expiration date of the certificate.

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

Class	Level	Date Issued	Certificate No.

4. Re-Certification Fee (Check applicable)

- _____ a. Re-Certification \$100
- _____ b. Late Re-Certification \$200

Method of payment shall be by check, or money order, made payable to: **The Board of Certification and Training** at the address at the top of the 1st page of the form.

5. Data Verification

I verify that the foregoing data and/or facts are correct, to the best of my knowledge. All information contained in this application and all attached supporting documents, are subject to verification by the Board. Any false or erroneous information may be cause for disapproval of this application and/or loss of Louisiana Certification.

Signature of Applicant Printed Name Date

6. Certification

I, as the applicant’s supervisor, have personally examined and am familiar with the information contained in this document. I hereby attest, under penalty of law, that the information is true, accurate, and complete to the best of my knowledge.

Signature of Supervisor Printed Name Date