



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Form WC-04

Certification Application for Types I, II, III, A, C, D and Large Hospital Waste Combustors

Air Quality Permit Program

Doc Type: Certification Application

Please submit completed forms to:

Minnesota Pollution Control Agency
Attention: Diane Belanger, Third Floor
520 Lafayette Road North
St Paul, MN 55155-4194

MPCA Use Only

- | | | | |
|--------------------------|----------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> | Training hours and documentation | | |
| <input type="checkbox"/> | Approved by: | | |
| <input type="checkbox"/> | Examination date: | | |
| <input type="checkbox"/> | Database updated: | | |
| <input type="checkbox"/> | Address file: | | |
| <input type="checkbox"/> | Certificate issued: | | |
| <input type="checkbox"/> | Certificate number: | | |
| <input type="checkbox"/> | Experience | <input type="checkbox"/> Training | <input type="checkbox"/> Exam |

A. General: All blanks must be completed. (please type or print)

This application is for (check one):

☐ Original certification

☐ Renewal certificate

Present certificate number: _____

First name: _____ Last name: _____ M.I. _____

Home phone number: _____ Work phone number: _____ Fax number: _____

Business address: _____

City: _____ State: _____ Zip code: _____

Name of waste combustor Employer, if applicable: (please check box)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> City of Red Wing | <input type="checkbox"/> Covanta Hennepin Energy Resource Company | <input type="checkbox"/> Great River Energy | <input type="checkbox"/> Mayo Foundation |
| <input type="checkbox"/> Olmsted County | <input type="checkbox"/> Perham | <input type="checkbox"/> Polk County | <input type="checkbox"/> Pope/Douglas |
| <input type="checkbox"/> Xcel (Wilmarth) | <input type="checkbox"/> Other _____ | | |

B. Training: Please list courses and number of contact hours of each approved training course that you have attended and attach documentation. *If applying for recertification, list all training since your most recent certification.*

Subject	Location	Date	Contact hours

C. Experience and Licensure: (check one)

- ☐ I have at least one year of experience operating a steam generation plant of Class I, II, III, A, C, D or Large Hospital Waste Combustor at the Minnesota Stationary Engineers licensure level of at least Second Class Engineer, Grade B *Please attach a copy of license.*
- ☐ I have at least three years of experience at a power generation facility or in operating a Class I, II, A, C, D, or Large Hospital Waste Combustor and **do not** have a Minnesota Stationary Engineers licensure level of at least Second Class Engineer, Grade B *Please attach a resume of experience.*

D. Applicant Signature

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant name (Print)

Applicant's signature

Date

Please complete the affidavit on the back of this form.

Affidavit of Experience

I, _____, hereby certify that to my personal knowledge, _____
Supervisor *Applicant*

has actually operated facilities and equipment of the following type and is licensed as indicated.

Yes	Type of process experience	Start date	End or current date
<input type="checkbox"/>	Non-waste combustor steam generation		
<input type="checkbox"/>	Class I, II, III, A, B, C, or D waste combustor		
<input type="checkbox"/>	Power Plant		
<input type="checkbox"/>	Other: <i>please name type</i> _____		

Employer: _____

Business address: _____

City: _____ State: _____ Zip code: _____

Work phone number: _____ Fax: _____ E-mail address: _____

Supervisor's signature: _____ Date: _____

Supervisor name (Print): _____