



**Minnesota Pollution  
Control Agency**

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

# Form WC-07

## Application for Municipal Waste Combustor Examiners Waste Combustor Certification 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

Applicant name *please print*: \_\_\_\_\_

Address where the certificate should be sent: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**A. Existing certificate information** *must satisfy condition 1 or 2 below* [Minn. R. 7011.1282, subp. 1(A)]

1. Are you certified pursuant to Minn. R. 7011.1280, subp. 3? *State program through Red Wing Technical College*

☐ Yes: Waste Combustor Operator Certificate number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
☐ No

2. Do you hold a current ASME Certificate?

☐ Yes: ASME Provisional Certificate number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
☐ No

**B. Experience** *must satisfy conditions 1 and 2 below* [Minn. R. 7011.1282, Subp. 1(B)]

1. Attach Form A verifying a total of 60 months satisfactory employment experience in general industry. Please complete Form A for each employer.

☐ Documentation attached

2. Attach Form B verifying a total of 36 months at the level of a chief facility operator or shift supervisor, [Minn. R. 7011.1201, subparts 8 and 44] at a municipal waste combustor. Please complete Form B for each employer.

**C. Attach Form C** verifying current employment by a municipal waste combustor owner [Minn. R. 7011.1282, subp. 1(C)]

☐ Documentation attached

**D. Background** *must satisfy conditions 1 or 2 below* [Minn. R. 7011.1282, subp. 1(D)]

1. Attach documentation verifying that you possess a bachelor degree in engineering or a related field.

☐ Documentation attached  
☐ Not applicable

2. Attach a copy of your Minnesota Department of Labor and Industry boiler license of chief engineer, Grade A or B.

☐ Documentation attached  
☐ Not applicable

**E. Is the full operator certification program in place at the facility for which you are seeking examiner status, such that you are prepared to pass an oral examination as described in Minn. R.7011.1282, subp. 3 within the next 45 days?**

[Minn. R. 7011.1282, subp. 1(E)]

☐ Yes  
☐ No

**F. Name the waste combustor facility for which you seek certification as a certified municipal waste combustor examiner**  
[Minn. R. 7011.1282, subp. 1(F)]

**Definitions:**

Minn. R. 7011.1201, subp. 8 (1998). **Chief facility operator.** "Chief facility operator" means the person in direct charge and control of the operation of a waste combustor and who is responsible for daily on-site supervision, technical direction, management, and overall performance of the facility.

Minn. R. 7011.1201, subp. 44 (1998). **Shift supervisor.** "Shift supervisor" means the person in direct charge and control of the operation of a waste combustor and who is responsible for on-site supervision, technical direction, management, and overall performance of the facility during an assigned shift.



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# WC-07 Form A

**Affidavit of General Industry Experience  
Waste Combustor Certification Program**

*Doc Type: Certification Application*

## Instructions:

A separate affidavit must be completed for each different employer when accounting for 60 months of general industry experience. An applicant must also show 36 months of experience as a municipal waste combustor chief facility operator or shift supervisor, which is documented in Form B. The 60 months of general industry experience may include the 36 months of Municipal Waste Combustor operator experience. [Minn. R. 7011.1282. subp. 1B]

I, \_\_\_\_\_, hereby certify that, to my personal knowledge, \_\_\_\_\_  
*Attestor please print* *Applicant please print*

has worked in the following position with the duties herein described:

**General industry experience** *attach additional sheets if needed*

Position title	Description of duties	Start date	End date	Total months

Employer preparing this document: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Attested by: \_\_\_\_\_  
Signature, please

Attestor's title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number to verify information: \_\_\_\_\_



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# WC-07 Form B

## Affidavit of Municipal Waste Combustor Experience Waste Combustor Certification Program

*Doc Type: Certification Application*

### Instructions:

An applicant must show 36 months of experience as a municipal waste combustor (MWC) chief facility operator or shift supervisor [Minn. R. 7011.1282, subp. 1(B)]. A separate form must be used for each different employer if more than one employer is used to demonstrate the

I, \_\_\_\_\_, hereby certify that, to my personal knowledge, \_\_\_\_\_  
*Attestor please print* *Applicant please print*

has worked in the following position with the duties herein described:

**Chief facility operator/shift supervisor** *attach additional sheets if needed*

Position title	Description of duties	Start date	End date	Total months

Employer preparing this document: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Attested by: \_\_\_\_\_  
Signature, please

Attestor's title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number to verify information: \_\_\_\_\_



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# WC-07 Form C

Affidavit of Current Employment  
Waste Combustor Certification Program

*Doc Type: Certification Application*

## Instructions:

An applicant must show current employment at a municipal waste combustor. [Minn. R. 7011.1282. subp. 1C]

I, \_\_\_\_\_, hereby certify that, to my personal knowledge, \_\_\_\_\_  
*Attestor please print* *Applicant please print*

Is currently employed at the \_\_\_\_\_  
Name of municipal waste combustor

Employer preparing this document: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Attested by: \_\_\_\_\_  
Signature, please

Attestor's title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number to verify information: \_\_\_\_\_