



Minnesota Pollution Control Agency
Air Quality
520 Lafayette Road
St. Paul, MN 55155-4194

WC-05

**CERTIFICATION APPLICATION FOR A CLASS
IV OR SMALL REMOTE HOSPITAL WASTE
COMBUSTOR**

7/14/98

MAIL TO:

Waste Combustor Certifications
Metro District, Major Facilities
Minnesota Pollution Control Agency
520 Lafayette Road
St. Paul, MN 55155-3898

Do Not Use This Space

Application Date: _____

Approved by: _____

Examination Date: _____

Certificate Issue date: _____

Certification Number: _____

☐ Experience

☐ Training

☐ Exam

A. GENERAL: All questions must be completed. PLEASE PRINT

This application is for
(check one)

☐ original certification

☐ renewal

Present Certificate Number _____

Name: Last _____ First _____ M.I. _____

Home Telephone: _____ Work Telephone: _____

Street Address _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Location: _____

Name of Waste Combustor Employed at (if applicable) _____

B. TRAINING: List the courses and the 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/LICENSURE: Check **only one box.**

☐ I have a high school degree or equivalent.

☐ I have at least five years experience in incinerator operation, general industry, industrial process, or power plant operation. (Complete affidavit on reverse side.)

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

Applicant's Signature

Date

AFFIDAVIT OF EXPERIENCE

(Revised 11/15/95)

I, _____ hereby certify that to my personal
(attestor)
knowledge, _____ has actually operated
(applicant)
facilities and equipment of the following type and is licensed as indicated:

	TYPE OF PROCESS EXPERIENCE	START DATE	END (OR CURRENT) DATE
<input type="checkbox"/>	INCINERATOR OPERATION		
<input type="checkbox"/>	GENERAL INDUSTRY		
<input type="checkbox"/>	POWER PLANT		
<input type="checkbox"/>	INDUSTRIAL PROCESS		

Employer: _____ Located at: _____
City: _____ State: _____ Zip: _____
Business Phone: _____
Attested by (signature): _____
Attestor's Title: _____ Date: _____