



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

WC-06

**CERTIFICATION APPLICATION FOR A CLASS
IV METAL RECOVERY 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 ☐ original certification
(check one) ☐ renewal _____ Present Certificate Number _____

Name: Last _____ First _____ M.I. _____

Home Telephone: _____ Work Telephone: _____

Street Address _____

City: _____ State: _____ Zip: _____

Name of Waste Combustor Materials Processing
Employer, if Enviro-Chem, Inc.
applicable (circle) Other _____

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: _____