

# Renewal Application for Operator/Inspector Certification

## Solid Waste Disposal Facility

The renewal fee of \$15.00, made payable to the Minnesota Pollution Control Agency, must accompany the application. A \$15.00 charge will be applied after the expiration date.

Select one: ☐ Operator or ☐ Inspector

Select one: ☐ Type II or ☐ Type III

For questions, please contact Diane Belanger at 651-757-2072.

**Mail application to:** Minnesota Pollution Control Agency  
**Attn: Fiscal Services**  
520 Lafayette Road North  
St. Paul, Minnesota 55155-4194

MPCA Use Only	
Company name:	_____
Check number:	_____
Amount of check:	_____
Date of check:	_____
Date deposited:	_____

### A. General Information (This application form must be correctly filled out and **all** questions must be answered in full.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Present position: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of landfill (if applicable): \_\_\_\_\_

Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Present certificate number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### B. Training and Education (List all relevant short courses, in-service training, extension, individual college, courses, etc., completed during the three-year period since your certificate was issued. Give name of course, subject, location, date, and number of course hours. Example: The two-day Annual Solid Waste Seminar is worth 11-course hours.)

Course title	Course hours	Subject	Location	Dates

### C. Certification

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_