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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Form WC-07  Application for Municipal Waste Combustor Examiner  Waste Combustor Certification Program  Doc Type: Certification Application |

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| **Please submit completed forms to:** | | | | | | | | | | | | | | | Attention: Seth Flatten | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Minnesota State College-Southeast Technical | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 308 Pioneer Road | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Red Wing, MN 55066 | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 for which Examiner Certification is being sought: *(Check all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | City of Red Wing | | | | | | | | |  | Covanta Hennepin Energy Resource Company | | | | | | | |  | | Great River Energy | | | | | | | |  | | | | Mayo Foundation | | | | | |
|  | | Olmsted County | | | | | | | | |  | Perham | | | | |  | Polk County | | | | | |  | | | Pope/Douglas | | |  | | | | Xcel (Red Wing) | | | | | |
|  | | Xcel (Wilmarth) | | | | | | | | |  | Other | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B.** | **Current certification 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 *(mm/dd/yyyy)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | 2. | | Do you hold a current ASME Certificate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | |  | Yes: | | ASME Provisional Certificate number: | | | | | | | | | | | |  | | | | | | | | Expiration date: | | | | | |  | | | | |
|  |  | | |  | |  | No *(mm/dd/yyyy)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C.** | **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D.** | **Attach Form C** verifying current employment by a municipal waste combustor owner [Minn. R. 7011.1282, subp. 1(C)] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | |  | Documentation attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E.** | **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **F.** | 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 |

**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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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | WC-07 Form A  Affidavit of General Industry Experience  Waste Combustor Certification Program  *Doc Type: Certification Application* |

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| **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** (mm/dd/yyyy) | | **End date** (mm/dd/yyyy) | **Total months** |
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| Employer preparing this document: | | | | |  | | | | | | | |
| Business address: | | | |  | | | | | | | | |
| City: |  | | | | | State: | |  | Zip code: | | |  |
| Attested by: | |  | | | | | | | | | | |
|  | | Signature, please | | | |  | | |  | |  | |
| Attestor’s title: | | |  | | | | Date (mm/dd/yyyy): | | |  | | |
| Phone number to verify information: | | | | |  | | | | | | | |

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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | WC-07 Form B  Affidavit of Municipal Waste Combustor Experience  Waste Combustor Certification Program  *Doc Type: Certification Application* |

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| **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 experience. | | | | | | | |
| 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** (mm/dd/yyyy): | | **End date** (mm/dd/yyyy): | **Total months** |
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| Employer preparing this document: | | | | |  | | | | | | |
| Business address: | | | |  | | | | | | | |
| City: |  | | | | | State: | |  | Zip code: | |  |
| Attested by: | |  | | | | | | | | | |
|  | | Signature | | | |  | | |  |  | |
| Attestor’s title: | | |  | | | | Date: |  | | | |
| Phone number to verify information: | | | | |  | | | | | | |

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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | WC-07 Form C  Affidavit of Current Employment  Waste Combustor Certification Program  *Doc Type: Certification Application* |

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| **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) | | |

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| Employer preparing this document: | | | | |  | | | | | | | |
| Business address: | | | |  | | | | | | | | |
| City: |  | | | | | State: | |  | Zip code: | | |  |
| Attested by: | |  | | | | | | | | | | |
|  | | Signature, please | | | |  | | |  | |  | |
| Attestor’s title: | | |  | | | | Date (mm/dd/yyyy): | | |  | | |
| Phone number to verify information: | | | | |  | | | | | | | |