

2024 Spring Solid Waste Landfill Operator Training for New Certification



Type II and III Solid Waste Facility Operator Certification Training

This two-day course (with exam) is training for professionals pursuing careers in demolition/industrial waste, or municipal solid waste management. This course develops a level of competency to operate and inspect solid waste landfills.

The training consists of: Basic math, science, public health issues, rules & regulations, waste screening, asbestos, stormwater issues, facility operations and closure/post closure.

Successful completion of the exam is required to become a certified operator. This certification is valid for three years.

****New Certification Classes****

Per Minn. R. 7048.0800, subp. 1, Type II and Type III new certification registrations require an Exam Application (pg. 3 and 4 of this form) in addition to the registration form. All forms must be received at least 15 days prior to the class date. Email address on forms is mandatory.

Municipal Solid Waste Certification Courses

Type II | 15 contact hrs

\$360 = \$345 Training + \$15 Certification Exam

Agenda

Day 1 Training sessions 8:00 AM – 5:00 PM

Day 2 Training sessions 8:00 AM – 12:00 PM

Certification exam 1:00 PM – 4:00 PM

April 23-24, 2024

Clay County Resource Recovery Center
3322 15th Ave N
Moorhead, MN 56560

**Register by
April 8**

Demo & Industrial Waste Certification Training

Type III | 9 contact hrs (Class limit to 20)

\$360 = \$345 Training + \$15 Certification Exam

Agenda

Day 1 Training sessions 8:00 AM – 5:00 PM

Day 2 Training sessions 8:00 AM – 12:00 PM

Certification exam 1:00 PM – 4:00 PM

February 6-7, 2024

MPCA St. Paul
520 Lafayette Rd.
St. Paul, MN 55155

**Register by
January 22**

March 5-6, 2024

MN DOT Training Center
3725 12th St. N
St. Cloud, MN 56303

**Register by
February 19**

March 26-27, 2024

MPCA Duluth Office
525 S Lake Ave # 400
Duluth, MN 55802

**Register by
March 11**

April 9-10, 2024

Prairie Woods
Environmental Learning Center
12718 10th St. NE
Spicer, MN 56288

**Register by
March 25**

See page 2 for registration form

Registration

- Registrations that do not include the required exam application will not be accepted.
- No walk-in registrants will be accepted.
- Registration is managed on a first-come, first served basis. Registrants will be notified if their workshop is filled.
- **For registration questions contact Samantha Koski**
651-757-2496 or 800-657-3864 samantha.koski@state.mn.us

Complete and print this form.
Mail or fax it with your payment.



DO NOT email it as an attachment with credit card information!

(Please copy to register more than one person.)

Training \$345 + Certification Exam \$15 = \$360

Legal name (print)

Training date & location

Business/employer

Business address

City, State, ZIP

Telephone

Email *(Required)*

Payment

Credit Card

American Express Visa MasterCard

Card #

Expires

Cardholder name

Security code

Address

City, State, ZIP

Telephone

Email *(Required)*

Amount

Cardholder signature

Check

Check #

Amount

payable to:

Minnesota Pollution Control Agency

Mail or fax this form

Fax 651-797-1385

Minnesota Pollution Control Agency

ATTN: Fiscal – 6

520 Lafayette Rd. North

St. Paul, MN 55155-4194

US BANK will be charging a separate service fee of 2.15% for all credit card transactions and 1.25% for all debit card transactions after April 1, 2022. A separate **non-refundable** service fee will be displayed on your credit card statement, in addition to the MPCA charged training fee.

Refunds: To receive a refund, you must cancel at least 48 hours before the workshop.

Certification exam application for Type II and III waste disposal facilities

Solid Waste Program

Doc Type: Certification Application

Instructions: Read this entire form and complete it in full. Incomplete applications will not be accepted.

**Type II – Sanitary, modified sanitary, and sludge landfills.
Type III – Demolition waste and Non-hazardous industrial waste facilities.**

For questions, please contact Samantha Koski at 651-757-2496 or samantha.koski@state.mn.us.

***Check certification (Required: choose one from each category below):**

Operator Inspector

***Required – choose one from below:**

Type II Type III

MPCA Use Only	
Company name:	_____
Check number:	_____
Amount of check:	_____
Date of check:	_____
Date deposited:	_____
Exam results:	_____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Exam/Issue date:	_____
Certificate #:	_____

***Denotes required field**

Location of exam*: _____

*A. General Information

Last name*: _____ First name*: _____ Middle initial: _____

Present position: _____ Employer: _____

Name of landfill (if applicable): _____

Home address: _____

Business address: _____

City: _____ State: _____ Zip: _____ County: _____

Email*: _____

Present MPCA participant ID #: _____ Business phone number: _____

*B. Training and education **Required by MN Rule 7048.0600**

List all relevant short courses, in-service training, extension, individual college, courses, etc., completed during the last three years. They must relate to the type of landfill certification for which you are applying.

***Include the Certification class that you are registering for to take the exam. MSW = 15 hrs, CDIW = 9 hrs**

Course title	Course hours	Subject	Location	Dates

*C. Experience **Required by MN Rule 7048.0600**

How many months have you been employed as an operator or inspector at this type of waste disposal facility? _____

In what capacity? _____

***D. Education** Required by MN Rule 7048.0600

Do you have a high school diploma or equivalent? Yes No

Name of high school: _____

Higher education

College or university Vocational school	Dates attended	Major	Credits or degree	Date of graduation

E. Inspections (Inspectors only)

List location of each inspection and name of certified inspector who accompanied you. You must complete 10 inspections in the presence of a certified inspector prior to taking the inspector exam

Location of inspection	Name of certified inspector

***F. Certification**

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

Print name: _____ Title: _____

Signature: _____ Date (mm/dd/yyyy): _____