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| --- | --- | --- | --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | | Renewal application for Operator/Inspector certification  Solid Waste Program  Doc Type: Certification Application | | |
| **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  Select one:  Check or  Credit Card (fill out form on next page) | | | **MPCA Use Only** | |
| Company name: |  |
| Check number: |  |
| Amount of check: |  |
| Date of check: |  |
|  | | | Date deposited: |  |
| **Mail application to:**  **Secure Fax:** | **Attn: Landfill Operator Training – 5th floor**  Minnesota Pollution Control Agency  520 Lafayette Road North  St. Paul, MN 55155-4194  Contact: 651-757-2842  651-797-1385 | | | |

## A. General InformationThis application form must be correctly filled out and **all** questions must be answered in full.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last name: | | |  | | | | | | | | First name: | | |  | | | | | | Middle initial: |  |
| Present position: | | | | |  | | | | | | | | Employer: | | |  | | | | | |
| Name of landfill (if applicable): | | | | | | | |  | | | | | | | | | | | | | |
| Home address: | | | |  | | | | | | | | | | | | | | | | | |
| Business address: | | | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | State: |  | | Zip: | | |  | | County: | |  | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | |
| Present certificate number: | | | | | | |  | | | | | Business phone number: | | | | | |  | | | |

## B. Training and educationList 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, AND include proof of attendance i.e. attendance certificates. (Required by Minn. R. 7048.1000)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course title** | **Course hours** | **Subject** | **Location** | **Dates** |
|  |  |  |  |  |
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## C. 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): | |  |

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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Credit card authorization  Solid Waste Program |

**Instructions:** You may complete this form electronically; then print and mail **BOTH PAGES** with your payment, or fax this with credit card details.

**Do not email it as an attachment with credit card information.**

**Send to: Landfill Operator Training - 5th floor**

Minnesota Pollution Control Agency

520 Lafayette Road North

St. Paul, Minnesota 55155-4194

651-757-2842

**Secure fax:** 651-797-1385

**Credit card information**

Visa  MasterCard  American Express (Amex)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on credit card: | | | | | |  | | | | | | | | | | | |
| Credit card number: | | | | |  | | | Expiration date (mm/yyyy): | | |  | | 3 digit security code (CCV): | | | |  |
| Address: | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | State: | |  | | | | Zip code: | |  | |
| Phone number: | | | |  | | | | | Email address: |  | | | | | | | |
| Name on Certification being renewed: | | | | | | |  | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | Amount: | | |  | | |

\*As of February 1, 2021, US BANK charges a service fee of 2.49% for all credit card transactions. A separate non-refundable service fee will be displayed on your credit card statement, in addition to the MPCA charged renewal fee.

I accept the credit card service charge.