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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Form WC-04  Initial and Renewal Certification Application  for Types I, II, III, A, C  and Large Hospital Waste Combustors  Air Quality Permit Program  Doc Type: Certification Application |

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| **Please submit completed forms to:** | | |  | **College Staff Use Only** | | | | | | | |
|  | Attention: Seth Flatten |  | |  | Training hours and documentation | | | | | | |
|  | Minnesota State College-Southeast Technical | | |  | Approved by: |  | | | | | |
|  | 308 Pioneer Road |  | |  | Examination date: | | |  | | | |
|  | Red Wing, MN 55066 |  | |  | Database updated: | | | |  | | |
|  |  |  | |  | Address file: |  | | | | | |
|  | **Processing Fee: $35** |  | |  | Certificate issued: | | |  | | | |
|  | Please submit check payable to **MSCS** |  | |  | Certificate number: | | | | |  | |
|  | and return with completed form. |  | |  | Experience: | | Training | | | | Exam |

**Tennessen warning:**  Pursuant to Minn. Stat. § 13.41, the information you provide on this application is private data (except for your name and designated address) until the time you are certified. Once you are certified, the information becomes public data and will be part of the Minnesota Pollution Control Agency’s (MPCA) permanent file. If you are not certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA and/or Minnesota State Southeast Red Wing College in processing your application. The MPCA and/or Minnesota State Southeast Red Wing College will use the information when determining your qualifications for obtaining a certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you fail to provide the information, it will be difficult for the MPCA and/or Minnesota State Southeast Red Wing College to determine your qualifications for certification. While your application is pending, the information you submitted, except your name and designated address, be available only to authorized personnel within the agency and Minnesota State Southeast Red Wing College and to those authorized or required by law or court order.

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| **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 Employer, if applicable: | | | | | | | | | | | | | | | | | *(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.** | **Training** | | | | | Please list courses and 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Subject** | | | | | | | | | | | | | | **Location** | | | | | | | | | | | | | | | | | **Date** | | | | **Contact hours** | | | |
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| **C.** | **Experience and licensure:** *(check one)* | | | | |  | | |
|  |  |  | I have at least one year of experience operating a steam generation plant of Class I, II, III, A, C, or Large Hospital Waste Combustor at the Minnesota Stationary Engineers licensure level of al least Second Class Engineer, Grade B. *Please attach a copy of license.* | | | | | |
|  |  |  | I have at least three years of experience at a power generation facility or in operating a Class I, II, III, A, C, or Large Hospital Waste Combustor and **do** **not** have a Minnesota Stationary Engineers licensure level of at least Second Class Engineer, Grade B *Please attach a resume of experience.* | | | | | |
| **D.** | **Applicant Signature** | | | | | | | |
|  |  | I hereby certify that the information contained in this application is true and correct to the best of my knowledge. | | | | | | |
|  | |  | |  |  | |  |  |
|  | | *Applicant name (Print)* | |  | *Applicant’s signature* | |  | *Date (mm/dd/yyyy)* |

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|  | | **Affidavit of Experience** | |  | |
| I, |  | , hereby certify that to my personal knowledge, | | |  |
|  | *Supervisor* |  |  | | *Applicant* |
| has actually operated facilities and equipment of the following type and is licensed as indicated. | | | | | |

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| **Yes** | **Type of process experience** | | | **Start date** | **End *or current* date** |
|  | Non-waste combustor steam generation | | |  |  |
|  | Class I, II, III, A, B, or C waste combustor | | |  |  |
|  | Power plant | | |  |  |
|  | Other: | *please name type* |  |  |  |

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| Employer: | |  | | | | | | | | | | | | | |
| Business address: | | |  | | | | | | | | | | | | |
| City: |  | | | | | | State: | |  | | | | Zip code: | |  |
| Work phone number: | | | |  | Fax: |  | | Email address: | | |  | | | | |
| Supervisor’s signature: | | | |  | | | | | |  | | Date: | |  | |
| Supervisor name (Print): | | | |  | | | | | | *(mm/dd/yyyy)* | | | | | |