

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 Tricia Abrizenski at 651-757-2072 or tricia.abrizenski@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): _____