

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.**
Please note the Tennessen warning on page 2.
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: _____

Designated mailing 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 7048.0600Do you have a high school diploma or equivalent? ☐ Yes ☐ No

Name of high school: _____

Higher education

College, university or 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**

Tennessen warning: Pursuant to Minn. Stat. § 13.41, the information you provide on this application is classified as private data (except for your name and designated address) until the time you are licensed/certified. Once you are licensed/certified, all the information provided will be classified as public data and become part of the MPCA's public file. If you are not licensed/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 in processing your application. The MPCA will use the information when determining your qualifications for obtaining a license/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 do not supply the requested information, it will be difficult for the MPCA to determine your qualifications for licenser/certification. While your application is pending, the not public data that you submitted will be available only to authorized personnel within the agency and to those authorized or required by law or court order. In such cases, it may then be shared with other agencies, including the Minnesota Department of Revenue, the Office of the Minnesota Attorney General and persons contacted for purposes of verification or investigation. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credentials after it is issued.

I declare that all information provided is true and complete. I hereby acknowledge that I have read and understand the information above.

Print name: _____ Title: _____

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