



**STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT  
PLANNING & STANDARDS DIVISION**

## **Certification Application For Operators of Landfills And Transfer Stations**

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-209-6, this application must be completed in order to apply for certification for the first time or to renew your present certification.

### **Part I: Applicant Information**

1. Name of Applicant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
2. Do You Currently Hold a Valid Connecticut Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please Attach a Photo Copy of The Certificate (if available) to This Application and Complete the Following:			
a. Type of Connecticut Certification: (Check One)			
<input type="checkbox"/> Transfer Station Operator Only			
<input type="checkbox"/> Landfill & Transfer Station Operator			
<input type="checkbox"/> Volume Reduction/Recycling Facility Operator			
<input type="checkbox"/> Other:			
b. Certificate Number:			
c. Date Certificate Expires:			
3. Do You Have Other Related Certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please Attach A Photo Copy To This Application.			
Sponsoring Organization:			
Type of Certification:			
Certificate Number:			
Date Certificate Expires:			

## Part II: Education/Training

1. Elementary and Secondary School (Check Highest Grade Completed):

1    2    3    4    5    6    7    8    9    10    11    12

2. Did you graduate from high school?    Yes    No

If Yes, please provide the following:

Year of Graduation:

Name of School:

Mailing Address:

City/Town:

State:

Zip Code:

If No, have you obtained a High School Equivalency Certificate?    Yes    No

Identify Source:

3. College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?    Yes    No   Type:

College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?    Yes    No   Type:

3. List Any Other Related Educational Courses or Training Taken Within The Last 5 Years:

<i>Date Taken</i>	<i>Name of Class</i>	<i>Duration</i>	<i>Sponsoring Organization</i>
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Check if additional sheets are attached to this page.

