

Certification Application for Operators of Landfills, Transfer Stations, Recycling and Volume Reduction Facilities

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

_	N. CA Broad					
1.	Name of Applicant:					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Business Phone:	ext.	Fax:			
_	Do You Currently Hold a Valid Connecticut Certificate?	☐ Yes 「	¬			
2.	No					
If Yes, Please Attach a Photo Copy of The Certificate (if available) to This Application and Complet Following:						
	a. Type of Connecticut Certification: (Check One)					
	☐ Landfill / Transfer Station / Volume Reduction Facility Operator					
	 ☐ Transfer Station / Volume Reduction Facility Operator only ☐ Recycling Facility Operator 					
	Other:					
	_					
	b. Certificate Number:					
	c. Date Certificate Expires:					
3.	3. Do You Have Other Related Certifications?					
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?			
	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?			
3.	List Any Other Related Educational Courses or Training Taken Within The Last 5 Years:			
3.	Date Taken Name of Class Duration Sponsoring Organization			
	Check if additional sheets are attached to this page.			

Part III: Experience (List Related Employment Only)

1.	Present Employer:				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Dates Employed: From:	To:			
	Job Title:				
	Description of Facility and Your Duties:				
2.	If you have been employed less than 5 years with the present employer, please complete the following:				
	Former Employer:				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Dates Employed: From:	To:			
	Job Title:				
	Description of Facility and Your Duties:				

Part IV: Certification

"I certify that all information provided by me in this application and any attachments is true and complete to the best of my knowledge and belief, and I understand that any false statement I have made in this application or any attachment is punishable as a criminal offense, in accordance with Connecticut General Statutes, Section 22a-209-6, under Connecticut General Statutes, Section 53a-157b."				
Signature of Operator	Date			
Name of Operator (print or type)	Title (if applicable)			

Please return this application to:

CAREY L. HURLBURT
WASTE ENGINEERING AND ENFORCEMENT DIVISION
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
CONNECTICUT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Any questions, please contact Carey Hurlburt at 860-424-3248 or carey.hurlburt@ct.gov