



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Waste Engineering & Enforcement Division

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

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"/> Landfill / Transfer Station / Volume Reduction Facility Operator			
<input type="checkbox"/> Transfer Station / Volume Reduction Facility Operator only			
<input type="checkbox"/> 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.

