



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

**APPLICATION FOR RENEWAL OF CERTIFICATION OF A  
COMMERCIAL CLASS I RUBBISH SITE OPERATOR**

*(Please complete all sections and provide information in printed or typewritten form.)*

**1. APPLICANT INFORMATION**

Applicant's name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address (if available): \_\_\_\_\_

Current certificate of competency number: \_\_\_\_\_

**2. EMPLOYMENT INFORMATION**

If you are currently employed at an existing rubbish site or associated with a new proposed site, please provide the rubbish site information below:

Name of rubbish site: \_\_\_\_\_

Site mailing address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Rubbish site permit # \_\_\_\_\_

Phone: \_\_\_\_\_ Position title: \_\_\_\_\_

Describe your current duties: \_\_\_\_\_

Dates of current employment: \_\_\_\_\_ to \_\_\_\_\_

How many total years of rubbish site operating experience do you now have? \_\_\_\_\_ years \_\_\_\_\_ months

If you are currently not associated with an active or proposed rubbish site and are employed at a business operation other than a rubbish site, please provide your current employment information below:

Name of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position title: \_\_\_\_\_

### 3. CONTINUING EDUCATION

*In order for a certificate of competency to be renewed, the operator must earn at least 24 hours of continuing education during the period in which the current certificate is valid. After an operator has been certified for 3 consecutive terms (9 years), the operator may be eligible for the reduced requirement of 16 hours of continuing education the following renewal period onward. The operator will have been notified of this reduced requirement by MDEQ. Please complete the summary listing below detailing your continuing education hours obtained during this period of certification.*

#### CONTINUING EDUCATION CREDITS SUMMARY LISTING

DATE OF COURSE OR TRAINING EVENT	COURSE TITLE <small>(Attach certificate of course completion or other confirmation of attendance)</small>	ORGANIZATION PROVIDING THE COURSE	NUMBER OF HOURS EARNED	CHECK IF ALSO USED FOR LANDFILL OPERATOR HOURS
<b>TOTAL CREDITS</b> <i>(should equal at least 24 hours or 16 if applicable).</i>				

*A copy of the certificate of completion or other appropriate documentation should be attached as proof that the course or seminar was successfully completed with some confirmation of the continuing education credits (or hours) earned. If an operator has a question about whether a course or particular training activity can be used toward the continuing education requirement, contact MDEQ for confirmation.*

#### 4. CERTIFICATION

I hereby certify that the information provided in this summary listing of continuing education hours is a true and correct representation of the information that is requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail completed application to:

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
ATTN: DEIDRE GRAHAM  
P.O. BOX 2261  
JACKSON, MISSISSIPPI 39225**

If you have questions or need assistance, please contact Deidre Graham at:  
PHONE: (601) 961-5513 FAX: (601) 961-5785  
EMAIL: [dgraham@mdeq.ms.gov](mailto:dgraham@mdeq.ms.gov)