

**STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE PERMITTING & CERTIFICATION BRANCH
P. O. BOX 2261
JACKSON, MISSISSIPPI 39225-2261
PHONE: (601) 961-5171 • FAX (601) 961-5785**

**APPLICATION FOR CERTIFICATION
OF A COMMERCIAL SOLID WASTE LANDFILL OPERATOR**

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

1. Applicant's full name: _____
Applicant's address: _____

City: _____ State: _____ Zip: _____
Telephone: _____ E-mail: _____

2. Current employer: _____
Employer's address: _____

City: _____ State: _____ Zip: _____
Employer's telephone: _____

3. Name of landfill facility (if applicable): _____
Address: _____

City: _____ State: _____ Zip: _____
Facility telephone: _____ Position title: _____
Date of employment: _____

4. Name of current supervisor(s): _____
Address: _____

City: _____ State: _____ Zip: _____
Supervisor's telephone: _____ Supervisor's e-mail: _____

Name of current supervisor(s): _____
Address: _____

City: _____ State: _____ Zip: _____
Supervisor's telephone: _____ Supervisor's e-mail: _____

OPERATOR CERTIFICATION APPLICATION

5. Education Requirements

- a. Provide information on the written landfill operator examination that you completed and passed. Such examination must be developed, prepared, and given by the Mississippi Commission on Environmental Quality, or developed, prepared, and given by another organization and approved by the Commission.

Name of examination: _____
Organization that prepared the examination: _____
Location where examination was given: _____
Date of examination: _____

A copy of the certificate of graduation, letter, or other documentation should be attached as proof that examination was successfully completed.

- b. Have you graduated from an accredited high school or received an equivalent diploma (GED)?

Yes: No:

Name of high school: _____
Location: _____
Year of graduation: _____

GED location: _____
Date of test: _____

Provide information on the years of college education that you have completed:

Years completed: 0 – 6 months 1 year 2 years 3 years 4 years or more

Name of college(s), university(s), or technical school(s) attended:

Dates attended: _____

College major: Engineering Mathematics
 Engineering Technology Chemistry
 Biology Geology
 Other (Please specify) _____

Did you graduate? Yes No Date of graduation: _____

If the applicant intends to utilize educational years as credit toward experience requirements, a copy of a diploma, transcript, or certified grades should be attached as documentation.

OPERATOR CERTIFICATION APPLICATION

6. Experience Requirements

How many total years of experience operating a landfill do you have? _____

List the names of the landfills, the names of your supervisors, the years of experience at each site, and provide a brief narrative description of your duties and responsibilities at each site. Start with your present employment and provide the information in reverse chronological order (beginning with your current or most recent experience).

Landfill name: _____

Name of supervisor: _____

City: _____ State: _____

Years of experience: _____ Dates of employment: _____ to _____

Duties:

Landfill name: _____

Name of supervisor: _____

City: _____ State: _____

Years of experience: _____ Dates of employment: _____ to _____

Duties:

Landfill name: _____

Name of supervisor: _____

City: _____ State: _____

Years of experience: _____ Dates of employment: _____ to _____

Duties:

Landfill name: _____

Name of supervisor: _____

City: _____ State: _____

Years of experience: _____ Dates of employment: _____ to _____

Duties:

Attach additional sheet(s), if necessary to provide all information.

OPERATOR CERTIFICATION APPLICATION

7. Other Information

- a. Do you hold a current Operator Certification from another state? YES NO

If yes, attach a copy of that certificate and complete the following:

State of Issuance: _____
Date of Certification: _____
Date of Expiration: _____

- b. Have you had a comparable or related certificate of competency revoked or suspended since your previous certification?
YES NO

If yes, explain:

8. I certify that the information provided in this application is a true and correct representation of that which 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