

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

**APPLICATION FOR RENEWAL OF 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: _____
Home telephone: _____ E-mail: _____
Current certificate number: _____ Expiration date: _____

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 RENEWAL CERTIFICATION APPLICATION

5. Continuing Education Requirements

- a. In order for a certificate of competency to be renewed, the operator must earn at least 48 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 30 hours of continuing education the following renewal period onward. The operator will have been notified of this reduced requirement by MDEQ.* Please provide a summary listing of hours obtained on the attached listing sheet.
- b. Total number of continuing education credits completed: _____

6. Additional Operating Experience Since Previous Certification

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

Since your previous certification date, list the names of the landfills, the name of your supervisor, 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). *There is no need to include information provided in your previous application.* (Attach additional pages if necessary.)

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:

OPERATOR RENEWAL 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 renewal 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

OPERATOR RENEWAL CERTIFICATION APPLICATION ATTACHMENT

CONTINUING EDUCATION CREDITS SUMMARY LISTING

DATE	COURSE TITLE (Attach certification)*	COURSE PROVIDER	NUMBER OF CREDITS	CHECK IF USED FOR SWANA CREDITS
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
TOTAL CREDITS <i>(should equal at least 48 credits or 30 where applicable)</i>				

*** A copy of the certificate of completion or other documentation should be attached as proof that the course or seminar was successfully completed. For those courses used in obtaining SWANA re-certification, the individual course should be listed but only the SWANA renewal certificate needs to be submitted. For those courses taken to earn the required MDEQ hours (over the SWANA requirements), the individual course certification should be submitted.**

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

Signature of Applicant

Date