



State of Alabama
Solid Waste Landfill Operator
Initial Certification Application

ADEM Form 11

ADEM USE ONLY

Approved ___ Rejected ___

Reviewed By _____

MOLO # _____

Please read instructions before completing this application. Type or Print in black ink.

APPLICANT INFORMATION:

Name: Mr. () Ms. () Mrs. () (First) (Middle) (Last) (Jr., Sr., III, etc.)

Address: (Number and Street) (Home Telephone)

(City) (State) (Zip) (Work Telephone)

MOLO # (if applicable): High School and Year of Graduation or GED:

*Social Security Number: E-mail address

Social Security Numbers are used only for the purpose of recordkeeping in accordance with Sec. 7(a)(2)(a) of P.L. 93-579

EXPERIENCE: (Please submit a separate form for each facility where experience was gained)

Landfill Name: Facility/Permit # :

Type (MSW/IND/C&D): Dates of Employment: From : To: (month and year) (month and year)

Total Months: Full Time [] Part Time []

Number of Hours Per Week:

Duties and Responsibilities:

(Attach additional sheet if needed.)

DOCUMENTATION OF TRAINING: (Please list all approved training hours along with a course description and dates:)

Table with 4 columns: COURSE NAME*, INSTRUCTOR, DATES TAKEN, HOURS COMPLETED

*Attach additional sheets if necessary

I, the undersigned, do hereby affirm and swear, under oath, that I am the said applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief.

Signature of Applicant: Date:

EXPERIENCE VERIFICATION: (This section should be filled out by person who is verifying experience of applicant.)

Do you concur with the above applicant's duties and responsibilities and time of experience? YES NO

My contacts with the applicant were during the period of time from _____ to _____

where I was employed with _____ Facility/Permit #: _____

As the applicant's supervisor As the applicant's associate employed at the same facility

If neither of the above is the case, please state basis of contact _____

Comments: _____

(Attach additional sheet if needed)

In view of my knowledge of the applicant and his/her abilities, I _____ recommend the applicant for Certified Operator status.
(do, do not)

Print Name: _____

Present Position: _____ Employer: _____

Address: _____

Daytime Phone Number: _____

I, the undersigned, do hereby affirm and swear, under oath, that all statements made and information contained in this form are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold.

Signature: _____ Date: _____

****NOTICE TO APPLICANT****

Before mailing please be sure that the application is completed in its entirety. Please see ADEM Administrative Code R. 335-1-6 Schedule G for applicable fees (Checks or money orders only). Faxed applications are not accepted. For more information reference ADEM Administrative Code R. 335-13-12. Mail application with appropriate fee to:

**Operator Certification Section
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Visit our website at www.adem.state.al.us