



State of Alabama Solid Waste Landfill Operator Reciprocal Certification Application

ADEM Form 12

ADEM USE ONLY

Approved ___ Rejected ___

Reviewed By _____

Applicant # _____

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

1. APPLICANT INFORMATION:

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

Address: _____
(Number and Street) (Home Telephone)

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

*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*

2. EMPLOYED BY:

Landfill Name: _____ Permit # _____

Not Currently Employed by a Landfill: _____

3. HIGH SCHOOL DIPLOMA:

School and Year of Graduation: _____

If GED, List Date Received : _____

4. CURRENT CERTIFICATION HELD:

STATE: _____

Expiration Date _____

5. EXPERIENCE: (If your experience record is from more than two facilities please copy this portion of the application and submit additional pages as needed)

Landfill Name: _____ Facility /Permit #: _____

Address: _____ City/State: _____

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.)

Landfill Name: _____ Facility /Permit #: _____

Address: _____ City/State: _____

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.)

6. APPLICATION VERIFICATION:

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. 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. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental material to reflect any material change in circumstances which may affect my eligibility for certification.

Signature of Applicant: _____

Date signed: _____

****NOTICE****

Before mailing, please be sure that you have completed the application 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. Information recorded on this form will be verified by contacting the certification authorities in the state where current certificate is held. 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