NEW HAMPSHIRE DEPARTMENT OF Environmental Services

STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION
6 HAZEN DRIVE
CONCORD NH 03301

APPLICATION FOR SOLID WASTE OPERATOR TRAINING & CERTIFICATION

PLEASE PRINT

1. GENERAL

a. _____
(your last name) (first name) (middle)

b._____
(street or box #) (city) (state) (zip)

c._____
(home phone) (business phone) (Social Security #)

2. CURRENT CERTIFICATION (if any):

a._____
(agency or company name) (address)

b._____
(phone number of certifying agency or company) (contact person)

c._____
(level) (number) (date received)

d. Method of certification: Exam_____ Other (please specify)_____

e. Is this an application for reciprocity? YES_____ NO_____

If yes, indicate source of former training:_____

_____
(agency or company name) (address)

3. CERTIFICATION LEVEL

Place a check mark next to the grade of certification for which you are applying. Listed below are the minimum education and experience requirements.

		Education (years)	Experience (years)
_____	Level IV	12 (H.S. grad/GED)	5
_____	Level III	12 (H.S. grad/GED)	3
_____	Level II	8	2
_____	Level I	--	1
_____	Level I	in-training	less than 1

4. EDUCATION:

a. Circle the highest grade successfully completed.

High School: 6 7 8 9 10 11 12 GED

_____

(name of school) (city) (state)

Graduation date:_____

b. College: 1 2 3 4 +

Degree received: Associate:_____ Bachelor:_____

Course of Study: _____

_____

(name of college) (city) (state)

Graduation date:_____

(Note: Please submit certified letter from school registrar as proof of college education)

5. EXPERIENCE

List your employment record in the solid waste field. Start with your current or most recent employment. Indicate if it was full or part-time. Include number of hours worked per week, if employment was part-time. (If more space is required, attach a full sheet of paper, using the same format as in this section.)

a. _____

(name of facility) (address) (city) (state)

_____

(type of facility) (owner) (your title)

_____

(name and title of supervisor) (phone number)

Description of duties: _____

_____

_____

_____

(full time) (part time) (# hours worked per week)

dates of employment: from:_____ to:_____

b. _____

(name of facility) (address) (city) (state)

_____

(type of facility) (owner) (your title)

_____

(name and title of supervisor) (phone number)

Description of duties: _____

_____

_____

(full time) (part time) (# hours worked per week)

dates of employment: from:_____ to:_____

c. _____

(name of facility) (address) (city) (state)

_____

(type of facility) (owner) (your title)

_____

(name and title of supervisor) (phone number)

Description of duties:_____

_____

_____

(full time) (part time) (# hours worked per week)

dates of employment: from:_____ to:_____

d. _____

(name of facility) (address) (city) (state)

_____

(type of facility) (owner) (your title)

_____

(name and title of supervisor) (phone number)

Description of duties:_____

_____

_____

(full time) (part time) (# hours worked per week)

dates of employment: from:_____ to:_____

I hereby certify the information given is true and complete to the best of my knowledge. I further agree to abide by the provisions of the Solid Waste Rules of the Department of Environmental Services.

Date:_____ Signature:_____

Please enclose a check or money order with application, for the amount of $50.00 (fifty dollars), made payable to "Treasurer, State of New Hampshire". Application fee is nonrefundable.

Please indicate any special needs below:

_____

_____