



State of Alabama Solid Waste Landfill Operator Certification Renewal

ADEM Form No. 13

ADEM USE ONLY

Late Fee: _____

Date Renewed: _____

Approved By: _____

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)

(County)

*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

FACILITY INFORMATION:

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: _____

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

COURSE NAME	INSTRUCTOR	DATES TAKEN	HOURS COMPLETED

(Attach additional sheets if needed.)

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 license 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 licensure.

Signature of Applicant: _____ Date: _____

Current Certification #: _____ Type (MSW, IND, C&D): _____ Expiration Date: _____

****NOTICE TO APPLICANT****

Before mailing please be sure that the application is completed in its entirety. An application must be accompanied by a nonrefundable license fee. Please see ADEM Administrative Code R. 335-1-6 Schedule G for applicable fees (Checks or money orders only). Make checks payable to ADEM. Please note, if a complete application is not received prior to the date of expiration, the late renewal fee will be assessed. Faxed applications are not accepted. For more information reference ADEM Administrative Code R. 335-13-12. Mail application 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