



Energy and Environment Cabinet
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 Fair Oaks
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Application for Operator/Manager Certification
Form DEP 6031 (1/09)

GENERAL INSTRUCTIONS

- 1. APPLICABILITY – This form must be completed and submitted to the Cabinet by persons who propose to apply for Operator/Manager Certification. The purpose of the program is to train operators and managers in the environmentally sound solid waste practices of maintaining a landfill, compost, or landfarm facility.**
- 2. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716, extension 4669.**
- 3. Upon receipt of these items, the applicants will receive a letter of confirmation from the Division.**

Attention: Anita Young
Division of Waste Management, Solid Waste Branch
200 Fair Oaks Lane
Frankfort, KY. 40601
(502) 564-6716

Application for Operator/Manager Certification

Applicant Information

1. Type of certification for a(n):

- Operator of a Landfill, Landfarm, or Compost site
- Manager of a Landfill, Landfarm, or Compost site

2. Type of facility:

- Landfill
- Landfarm
- Compost

3. Applicant Name:

4. Applicant Mailing Address:

5. City:

6. State:

7. Zip Code:

8. E-Mail Address:

9. Date of Birth: - -

10. Phone #: () - -

11. Cell #: () - -

12. Work #: () -

13. Are you, or have you ever been, certified in Kentucky to operate/manage the type of facility for which certification is now being sought?

- Yes
- No

If you checked yes, please provide the expiration date of certificate: - -

14. Have you ever had an Operator's/Manager's Certification revoked?

- Yes
- No

If you checked yes, please provide the date of the revocation: - -

15. Are you currently employed by a Waste Facility?

- Yes
- No

If you checked yes, please complete items # 16-27; if you checked no, skip to #28.



Facility Information

16. Facility Name: 17. County:
18. Facility Location:
(Provide the street or physical location. Do not use P. O. Box #'s, etc.)
19. City: 20. State: 21. Zip Code:
22. Facility Contact:
(Your supervisor) 23. Title:
24. Facility Type: 25. Permit #: -
26. Phone #: () - 27. Fax #: () - 28. Cell #: () -

Educational Information

Elementary/Middle School Information

29. Please check highest elementary/ middle school grade level completed:
- 1st grade
 - 2nd grade
 - 3rd grade
 - 4th grade
 - 5th grade
 - 6th grade
 - 7th grade
 - 8th grade

30. Did you receive a diploma? Yes No

31. School Information:

Name of Elementary/Middle School	Address of School	Dates of Attendance (Years only)
		-
		-



Educational Information

High School Information

32. Please check highest high school grade level completed:

- 9th grade
- 10th grade
- 11th grade
- 12th grade

33. Did you receive a diploma? Yes No

If you checked No, and took an Equivalency Exam (GED) and passed, please provide the date of the exam: - -

34. School Information:

Name of High School	Address of School	Dates of Attendance (Years only)
		-
		-

Post-Graduate Information

Undergraduate College

35. School Information:

Name of Undergraduate College	Address of College	Dates of Attendance (Years only)
		-
		-

36. Declared Major/Minor: /

37. Please provide the number of completed college semester hours:

38. Did you receive an undergraduate degree?

- Yes
- No

If you checked yes, please provide the date of graduation: - -

39. Type of degree issued:



Post-Graduate Information

Graduate College

40. School Information:

Name of Graduate College	Address of College	Dates of Attendance (Years only)
		-
		-

41. Declared Major/Minor: /

42. Please provide the number of completed college semester hours:

43. Did you receive an undergraduate degree?

Yes

No

If you checked yes, please provide the date of graduation: - -

44. And type of degree issued:

Vocational/Technical School

45. School Information:

Name of Vocational/ Technical School	Address of School	Dates of Attendance (Years only)
		-
		-

46. Please provide the number of completed courses:

47. Major area of Study:

48. Did you receive a diploma and/or certification from a trade school?

Yes

No

If you checked yes, please provide the date of graduation/certification: - -

49. Type of diploma/certification issued:



Post-Graduate Information

Alternate Source Schools

(Internet, Correspondence, Training courses)

50. School Information:

Name of Alternate Source School	Address of School	Dates of Attendance (Years only)
		-
		-

51. Please provide the number of completed courses:

52. Major area of Study or Name of Course:

53. Describe the Course, listing objectives or goals of the course:

54. Did you receive a diploma and/or certification from an Alternate Source School?

Yes

No

If you checked yes, please provide the date of graduation/certification: - -

55. Type of diploma/certification issued:

Employment History

Please provide an employment history for the last 5 years, starting with the most current. If you need more space, provide it as Attachment 1.

56. Current Employer

Name and Address of Employer	Your Job Title	Employment Dates
		- - to - -

Description of Job Duties:



57. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		- - to - -

Description of Job Duties:

58. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		- - to - -

Description of Job Duties:

59. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		- - to - -

Description of Job Duties:



Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision or by me personally. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that should an investigation at any time show falsification of records, I will be disqualified from the certification examination. Further, if my certification is obtained through fraud, deceit, or other submission of inaccurate data, my certification will be revoked and I will be ineligible for future recertification.”

Name of Person Signing (type or print):

Signature per 401 KAR 47:070: _____

