



Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Landfill Operator Certification Application

This application may be completed online, a copy saved locally, and printed before it is signed and mailed to the Illinois EPA. If application is completed by hand, please print clearly. Illegible applications are considered incomplete. The application must be completed entirely before it can be processed. If you have questions regarding this application, please contact the MMCS Program Manager at EPA.WasteReporting@illinois.gov.

The fee is \$100 for new and renewal applications. Make checks payable to "Treasurer, State of Illinois".

Please send the application and fee to:

Illinois EPA
Bureau of Land #24
Attn: MMCS Program Coordinator
P.O. Box 19276
Springfield, IL 62794-9276

Section 1: Personal Information

Name: _____ Date of Birth: _____

Home Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Driver's License: State: _____ Number: _____ Expiration Date: _____

Section 2: Landfills for which you are or will be the Certified Operator

Landfill Name and LPC#	Landfill Site Address, City, State, Zip
_____	_____
_____	_____
_____	_____

Section 3: Type of Certification

I am: a New Applicant Renewing my Certification

Applying For: (check all that apply)	Certification Classifications:	Landfills Which Accept:
<input type="checkbox"/>	Solid Waste	Non-hazardous solid waste other than clean constructions or demolition debris.
<input type="checkbox"/>	Special Waste Endorsement	Non-hazardous special waste - must currently have a Solid Waste Site Operator Certification or may apply for both the Solid Waste Certification and Special Waste Endorsement at the same time.

No Change: I am renewing my Landfill Operator Certification and nothing has changed since my most recent application, so I am proceeding to Section 8, the Signature Section.

If you need additional space to complete a Section, please provide an attachment.

Section 4: Landfill Employment

Complete the following item as related to your applicable landfill employment. If you had more than one position with the same landfill, list each position separately and identify previous positions as past employment. Describe, in detail, your job duties and responsibilities related to each position.

Current Employer: _____

Address (actual work location): _____

City: _____ State: _____ Zip: _____ Phone: _____

Your position title: _____ Hours Worked/week: _____

Dates of employment: From _____ to present _____

Duties and responsibilities

Previous Employer: _____

Address (actual work location): _____

City: _____ State: _____ Zip: _____ Phone: _____

Your position title: _____ Hours Worked/week: _____

Dates of employment: From _____ to _____

Duties and responsibilities

Section 5: Education and Training

Graduated High School? Yes No Year Graduated: _____

High School Equivalency Certificate? Yes No Year Received: _____

Type of Equivalency: _____

College or Universities Attended Name/City/State <small>Indicate Undergraduate or Graduate</small>	Major	Minor	From (month/year)	To (month/year)	Degree Earned	Date Degree Awarded (month/year)

Other Training and Education

List other training and education that directly relates to landfill operations, including community college courses, in-house training courses, extension courses, individual college courses not part of degree courses listed above, Armed Forces service schools, USEPA training courses, one-day seminars, webinars, etc.

Course/Workshop Name & Description	Provider or Presenter	Date	Hours Spent on Course or Workshop	Course Completed?	Certificate Issued?
				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

List names, addresses, and phone numbers of not less than three individuals who can verify your experience.

Section 6: References

1. Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____

3. Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____

Section 7: Certification History

- a. Have you ever obtained or attempted to obtain certification by fraud or deceit? Yes No
- b. Have you ever been denied certification for any of the above reasons? Yes No
- c. Have you been found, after opportunity for an adversarial proceeding before any judicial or administrative body, to be in violation of any federal, state or local laws, regulations or ordinances regarding the operation of refuse disposal facilities in any state? Yes No
- d. Have you been judicially or administratively determined, after opportunity for an adversarial proceeding, to have shown gross carelessness or incompetence in the handling, storing, processing, transporting, or disposal of any hazardous waste in any state? Yes No

If you answer "Yes" to any of the questions in Section 7, please provide all relevant information including a copy of the judicial or administrative determination that required you to answer "Yes". If the matter is still pending, provide a description, including the name of the agency or court, title, docket number, and status.

Section 8: Signature

(Read carefully before signing.)

I certify that the information submitted in this application and all attachments are, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Applicant

Date