



**ALBERTA LANDFILL OPERATOR CERTIFICATION  
APPLICATION FOR RENEWAL**

Solid Waste Association of North American – Northern Lights Chapter

Name:		Position:		Certificate Number:	
Preferred Mailing Address (work or home):			City:	Province:	Postal Code:
Telephone Day:	Telephone Evening:	Email Address/es (work and/or home):			
Current Employer / Company Name:			Work Telephone #:		
Landfill Operated (Please list ALL facilities you currently operate):					

**Have your job duties changed substantially?** If YES, please attach a new job description  
 Yes: \_\_\_ No: \_\_\_

**What certification or applicable training courses have you taken in the past three years?**  
 Please list below and attach course completion certificates or course details.

Course Name	Date

**Were you employed in the Landfill Operations field during all of the previous three years?** Yes: \_\_\_ No: \_\_\_  
**If no, what parts were you employed?** D\_\_\_M\_\_\_Y\_\_\_ to D\_\_\_M\_\_\_Y\_\_\_

**Please check the boxes to confirm the following (required):**

- I confirm that I was active in the **Landfill Operations** field for at least one year of the last three years.
- I am the applicant named on this document and I have reviewed the information provided in this application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Supervisor Signature/Verification:**

Supervisor Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

I confirm that the employee whose name appears on this form is/has been active with **Landfill Operations** and the information on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Supervisor's Signature

**Please email the completed renewal application to [info@swananorthernlights.org](mailto:info@swananorthernlights.org)  
 Payment of \$131.25 (\$125.00 plus \$6.25 GST, GST #807890421) is due with the application.**

Please indicate payment method below:

\_\_\_ Cheque (mail to PO Box 3317, Sherwood Park, AB T8H 2T2)

\_\_\_ PO #

\_\_\_ Send Invoice to (invoices come with a secure online credit card payment link option)

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**SWANA Northern Lights Chapter**  
**PO Box 3317, Sherwood Park, AB T8H 2T2**  
**FAX: 1-866-698-8203, TEL: 1-877-333-0622, E-MAIL: [info@swananorthernlights.org](mailto:info@swananorthernlights.org)**  
<https://swananorthernlights.org>

The collection of personal information on this form is being collected on behalf of the Government of Alberta and managed in accordance with the *Alberta Freedom of Information & Protection of Privacy Act*. The authority for collection of personal information pertaining to the certification of landfill operators is regulated in Alberta by Sections 80, 81, 82, 83, and 85 of the *Environmental Protection and Enhancement Act (EPEA)* and Section 25 of the Waste Control Regulation. The personal information collected on this form will only be used in the administration of the Alberta Landfill and Composting Facility Operator Certification Program. The collection of transcripts and course certificates will only be used by the department for verification purposes. Your personal information will not be shared with any other agency, government departments, businesses or individuals without your specific written consent or unless required to do so by law. Please be aware that Certificates of Qualification that are created for Alberta Environment and Protected Areas in the administration of EPEA will be disclosed to the public, on request, as authorized under Section 35(1)(b)(ii) of EPEA. If you want further details on how your personal information is collected and used, please contact Alberta Environment and Protected Areas Information Center at 1-877-944-0313.