



## Application For Alberta Landfill Operator Certification

Solid Waste Association of North America – Northern Lights Chapter

### GENERAL INFORMATION

This form should be used for applications for Operator certification under the Alberta Landfill and Composting Facility Operator Certification Guideline. It is intended for first-time applications as well as subsequent applications.

The form **MUST** be filled out completely.

#### Section A – Personal Information

This information is necessary if personal files are to be complete. Please fill it out completely. Type or print clearly.

#### Section B – Related Courses

A list of all related courses should be attached. Proof of completion must be attached. Continuing Education Units (CEUs) will be given for the courses that have been reviewed by Alberta Environment. Other courses must have complete descriptions attached for review. Descriptions must include a general description, agency providing course, topics and time spent on each topic.

#### Section C – Exam Location and Date

Please indicate the exam date and location requested (only required for first-time applicants).

#### Section D – Facility Information

Indicate all information pertaining to the facility. Please include the annual tonnage as well as the AENV approval/registration number.

#### Section E – Operating Experience

This section **MUST** be completed with details. **Please ensure to attach a copy of your current Job Description.** If one is not available please state that in your application. Applications that are not complete or are not signed by a supervisor **WILL** be returned. For self-employed consultants or contractors, a supervisor is a signing authority for the client for which you are providing services.

#### Section F – Applicant's Declaration

The application **MUST** be signed and dated by the **APPLICANT**

#### Section G – Verification by Supervisor

The application must be signed by the applicant's Supervisor. For self-employed consultants or contractors, a supervisor is a signing authority for the client for which you are providing services.

#### Section H – Other

This space is for any other information the applicant wishes to provide. Additional sheets may be attached to the application.

#### Section I – Payment Information

Please indicate how you are paying for the application processing and exam fee. The application processing fee is \$210 (\$200 plus 5% GST) for a first-time applicant and \$131.25 (\$125 plus 5% GST) for a renewal. Payment must be received before your application will be processed. Please include a cheque, money order or credit card details with your application.

#### NOTE:

All certification exams for landfill facilities are 100 questions, multiple choice.  
Calculators may be used while writing certification exams. A conversion/formula sheet will be provided.  
Faxed and emailed applications **WILL** be accepted.  
All applications must be **RECEIVED ON or BEFORE** the deadline date to be considered. **NO EXCEPTIONS.**

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 the Environmental Protection and Enhancement (EPEA) Act (sections: 80, 81, 82, 83, and 85 and Waste Control Regulation (Section 25). The personal information collected on this form will only be used in the administration of the Alberta Landfill and Composting Facility Operator Certification Guideline. 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, Air, Land and Strategic Policy Branch in the administration of the Environmental Protection & Enhancement Act (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 the the Air, Land and Strategic Policy Branch at (780) 644-3367.



## Application For Alberta Landfill Operator Certification

Solid Waste Association of North America – Northern Lights Chapter

Section A – Personal Information			
Name	Position Title	Address	
City	Province/Territory	Postal Code	Email Address
Daytime Telephone Number (       )       -		Other Telephone Number (       )       -	

Are you Currently Certified with the **Alberta Environment Municipal Waste Facility Operator Certification Program**?

Yes     No    Cert. No. \_\_\_\_\_

### Employment Information

Current Employer			
Address	City	Province/Territory <b>Alberta</b>	Postal Code
Supervisor Name	Supervisor Title		
Work Telephone Number (       )       -		Fax Number (       )       -	

### Section B – Related Courses

A list of all related courses should be attached. Proof of completion **MUST** be attached. Continuing Education Units (CEUs) will be given for the courses that have been reviewed by Alberta Environment. Other courses must have complete descriptions attached for review. Descriptions must include a general description, agency providing course, topics and time spent on each topic.

If you have submitted a list of courses previously, they need not be listed again.

Course Titles:	Course Dates:
	Date: _____ / _____ / _____ (MM/DD/YYYY)
	Date: _____ / _____ / _____ (MM/DD/YYYY)
	Date: _____ / _____ / _____ (MM/DD/YYYY)
	Date: _____ / _____ / _____ (MM/DD/YYYY)
	Date: _____ / _____ / _____ (MM/DD/YYYY)

### Section C – Exam Location and Date (for first-time applicants)

Please indicate Exam Location \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

### Section D – Facility Information

Facility:		
Annual Tonnage:	tonnes	Year
AENV Approval Registration No.		

**Section E – Operating Experience**

**SUMMARY OF LANDFILL OPERATIONS EXPERIENCE**

Date of Commencement or Current Position :                      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

For previous positions attach additional pages with appropriate information. Only experience from the last 3 years will be considered in the application process.

**Duties:** Below, please provide a description of landfill duties and level of responsibility in landfill operations.

**In addition to below, please attach a copy of your current Position description.**

--

**Estimate hours per day spent in landfill operations:** \_\_\_\_\_ (hours/day)

**Section F – Declaration of Applicant**

I, \_\_\_\_\_ confirm that the information on this application is true and accurate to the best of my knowledge.  
Printed Name

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**Section G – Verification by Verifier (All applications must be verified)**

I, \_\_\_\_\_ confirm that the above information concerning landfill operations  
Verifier Printed Name and Title  
experience is true and accurate to the best of my knowledge. For self-employed consultants or contractors, a verifier is a signing authority for the client for which you are providing services.

**Signature of Verifier:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**Section H – Other**

The minimum requirements for Certification are outlined in the Certification Guidelines and the Application Instructions. This space may also be used for any other comments you may have.

**Section I – Payment Information**

Payment amount: **\$210.00** for a first-time applicant (\$200 plus 5% GST)

Please indicate how payment for your application processing fee is being made:

cheque or money order will be mailed to the address below

PO # \_\_\_\_\_

Visa     Mastercard # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Please return this application  
by email to [ab-certification@swananorthernlights.org](mailto:ab-certification@swananorthernlights.org) or fax to 1-866-698-8203**

**Cheque payments can be mailed to:**

**SWANA Northern Lights Chapter  
P.O. Box 3317  
Sherwood Park, AB  
T8H 2T2**