



## Application For Alberta Landfill Operator Certification

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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 – Exam Location and Date

Please indicate the scheduled exam date and location you'd like to attend.

#### Section C – Operating Experience

This section **MUST** be completed providing information on current duties. **Please ensure to attach a copy of your current Job Description as well.** 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 D – Applicant's Declaration

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

#### Section E – 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 F – Other

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

#### Section G – 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. Payment must be received before your application will be processed. Please include a cheque, money order or billing information 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.  
If an application is received after the deadline, we cannot guarantee approval and processing of the application.

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 Parks 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 Parks Information Center at 1-877-944-0313.



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Section A – Personal Information				
First Name	Last Name	Work Position / Title		
Home Mailing Address		City	Province/Territory	Postal Code
Email Address (personal)		Email Address (work)		
Daytime Telephone Number	Other Telephone Number			

Are you currently certified with the **Alberta Landfill Operator Certification Program**?

Yes    No   Certificate Nr. \_\_\_\_\_

### Employment Information

Facility Name (landfill / work site):			
Current Employer / Company Name			
Mailing Address	City	Province/Territory <b>Alberta</b>	Postal Code
Supervisor Name	Supervisor Title		
Work Telephone Number	Supervisor Email		

### Section B – Exam Location and Date

Please indicate Exam Location:	Exam Date:	(MM/DD/YYYY)
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**Section C – Operating Experience**

**SUMMARY OF LANDFILL OPERATIONS EXPERIENCE**

Date of Commencement of 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 the duties entered below, please attach a copy of your current Position Description (as issued by your employer).***

[Large empty rectangular area for describing landfill duties and responsibilities.]

**Estimate hours per day spent in landfill operations:**

\_\_\_\_\_ (hours/day)

**Section D – 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 E – 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 F – 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 G – 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 # \_\_\_\_\_

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

Company: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Email invoice/receipt to: \_\_\_\_\_

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

**Cheque and money order payments can be mailed to:**

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