

Application for Manitoba 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 Manitoba Landfill Operator Certification Program Guideline.

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 (optional)

If you're applying to write at scheduled exam date and location, please indicate. Online exams will be coordinated with the applicant once approval to write has been issued.

Section C - Facility Information

Indicate all information pertaining to the landfill facility you are working at. Please include the annual tonnage as well as the Manitoba Permit or Environment Act Licence number.

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- 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 the Landfill Operator Certification. Payment must be received before your application will be processed.

NOTE: Landfill Operator Exam is 100 questions, multiple choice.

Manager of Landfill Operations Exam is 150 questions, multiple choice - offered online-only

Calculators may be used while writing certification exams. A conversion/formula sheet will be provided.

Faxed and emailed applications WILL be accepted.

The collection of personal information on this form is being collected on behalf of the Government of Manitoba. Personal information collected under the authority of *The Environment Act*, the Waste Management Facilities Regulation, and will be used to administer the Manitoba Landfill Operator Certification Program. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy* Act. 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. If you have any questions, contact the Access & Privacy Coordinator, Box 85, 200 Saulteaux Crescent, Winnipeg, Manitoba R3J 3W3; 1(204) 945-4170.



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Section A – Personal Information							
Name	Position Title		Preferred Mailing Address (home / work)				
City	Province/Territory	Postal Code	Email Address				
Daytime Telephone Number		Other Telephone Number					
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Are you Currently Certified with the Manitoba Operator Certification Program? Yes No Cert. No							
Yes No Cert. No							
Certification that you are seeking: (choose only 1)							
Landfill Operator Certification							
☐ Manager of Landfill Operations Certification (exam needs to be applied for and purchased from SWANA.org)							
Requirements for LOC certification:							
Yes, I am 18 years or older							
Yes, I am currently employed at a Manitoba Landfill							
Employment Information							
Current Employer							
Address	City		Province/Territory	Postal Code			
Supervisor Name	Supervisor Tit	·le					
		-					
Work Telephone Number		Fax Number					
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Section B – In-Person Exam Location and Date (optional)							
Scheduled Exam Location (if applicable): Exam Date			(MM/DD/YYYY)				
Please note: Online Exams will be coordinated and scheduled with each individual applicant once approved to write.							



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Section C – Facility Information						
Facility Name:						
Annual Tonnage:	Facility Location: (S/T/R L/B/P or civic address & Municipality)					
Permit or Environment Act Licence No.						
Section D – Declaration of App	licant					
I,Printed Name	confirm that the information on t	his application is tru	ue and accura	te to the best of my knowledge.		
Signature of Applicant:		Date:	////	(MM/DD/YYYY)		
Section E – Verification by Verifier (All applications must be verified)						
		mou				
I,Verifier Printed Name and Title	(confirm that the abo	ve informatior	n concerning landfill operations		
experience is true and accurate to the best of my knowledge.						
Signature of Verifier:		Date:	11	(MM/DD/YYYY)		
Section F – Payment Informati	ion					
Payment amount (application processing fee):						
Landfill Operator Certification: \$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 (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:						

Please submit this application form by email to info@swananorthernlights.org or fax to 1-866-698-8203

Cheque and money order payments can be mailed to:
SWANA Northern Lights Chapter
PO Box 3317 Lcd Main