



MANITOBA LANDFILL OPERATOR CERTIFICATION APPLICATION FOR RENEWAL

Solid Waste Association of North American – Northern Lights Chapter

Name: Position: Certificate Number: Home Address: City: Province/Territory: Postal Code: Telephone Day: Telephone Evening: Email Address:

Current Employer: Work Telephone #: Fax #:

Landfill Operated (Please list ALL facilities you currently operate):

Have your job duties changed substantially? Yes: ___ No: ___ If YES, please attach a new job description. Were you employed in the Landfill Operations field during all the previous three years? Yes: ___ No: ___ If no, what parts were you employed? D ___ M ___ Y ___ to D ___ M ___ Y ___ ___ I confirm that I was active in the Landfill Operations field for at least one year of the last three years. Applicant's Signature: Date: Applicants Supervisor Signature/Verification: Printed Name Printed Title 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 manitoba@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