



MANITOBA LANDFILL OPERATOR CERTIFICATION APPLICATION FOR RENEWAL

Solid Waste Association of North American – Northern Lights Chapter

Name:		Position:		Certificate Number:	
Preferred Mailing Address: (home or work)		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:**

_____, _____
Supervisor Name (please print) Supervisor 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 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
<https://swananorthernlights.org>