GEORGIA CERTIFIED LANDFILL OPERATOR APPLICATION FOR CERTIFICATION

Name:	Linet	Middle		Lost	
First					
Job Title: Social Security Number:				er:	
EMPLOYMENT INFOR	MATION				
Company/Facility:					
Address:					
City:		State:		Zip:	
County:	Phone:		Fax:		
Name of Your Supervisor:					
As part of your job respons	sibilities, do you:				
	el? If yes, how many?				
	sign and Operational (D&O) Plan?				
c) Act as the EPD Compliance Officer's contact person? If you answered No to all of the above questions, you MUST					
 High school diplo Operated or mana Be employed by to 	aged a landfill in Georgia for at lea	ED program. Ind st six months (or conducting lan	Oate graduated (date started: _	:	
a certificate. Upon written qualifying for reciprocity u	request, a certificate may be issued ander the Act.	l without exami	ination to perso	ons, with equivalent certification,	
investigation at any time	nation given in this application reveal falsification of records, ce than honorably obtained or inac for future certification.	ertification wil	l be revoked.	Further, if it is discovered that	
APPLICANT SIGNA	ATURE SUPERVIS	OR SIGNATU	JRE & TITLE	DATE	
THIS COMPLETE	D FORM MUST BE TURNED I CLASSROO	INTO THE EIOM SESSION	PD COORDIN	NATOR AT THE FI RST	
EPD USE ONLY Application Approved?	Yes No				
Reviewed by:			Date:		
Comments:					