Connecticut Department of
Energy & Environmental Protection
Bureau of Materials Management & Compliance Assurance
Waste Engineering & Enforcement Division

Certification Application for Operators of Resources Recovery Facilities

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-231-1, this application must be completed in order to apply for certification for the first time or to renew your present certification.

Part I: Applicant Information

1. Name of Applicant:

    Mailing Address:

    City/Town: State: Zip Code:

    Business Phone: ext.   Fax:

2. Certifcation Type: (Check One)   ☐   Initial   ☐   Renewal

3. Resources Recovery Facility Classification: (Check One)

    ☐   Class 1 - Processing capacity over 600 TPD

    ☐   Class 2 - Processing capacity equal to/less than 600 TPD

4. Operator Certification Status: (Check One)   ☐   Chief Operator   ☐   Shift Operator

5. Other Related Certifications/Licenses Currently Held:

Part II: Education

1. Elementary and Secondary School (Check Highest Grade Completed):

    ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7   ☐ 8   ☐ 9   ☐ 10   ☐ 11   ☐ 12

2. Did you graduate from high school?   ☐ Yes   ☐ No

    If Yes, please provide the following:

    Year of Graduation:

    Name of School:

    Mailing Address:

    City/Town: State: Zip Code:

    If No, have you obtained a High School Equivalency Certificate?   ☐ Yes   ☐ No

    Identify Source:

Part II: Education (continued)

2. College:

   Mailing Address:

   City/Town: State: Zip Code:

   Dates Attended:

   Major/Minor:

   Degree Obtained?   ☐ Yes   ☐ No   Type:

   College:

   Mailing Address:

   City/Town: State: Zip Code:

   Dates Attended:

   Major/Minor:

   Degree Obtained?   ☐ Yes   ☐ No   Type:

3. List Any Other Related Educational Courses:

   Date Taken   *Name of Class*   *Sponsoring Organization*

   ☐   Check if additional sheets are attached to this page.

Part III: Experience (List Related Employment Only)

1. Present Employer:

   Mailing Address:

   City/Town: State: Zip Code:

   Dates Employed: From: To:

   Job Title:

   Description of Facility and Your Duties:

Part III: Experience (continued)

2. Former Employer:

Mailing Address:

City/Town: State: Zip Code:

Dates Employed: From: To:

Job Title:

Description of Facility and Your Duties:

3. Former Employer:

Mailing Address:

City/Town: State: Zip Code:

Dates Employed: From: To:

Job Title:

Description of Facility and Your Duties:

Part IV: Certification

"I certify that all information provided by me in this application and any attachments is true and complete to the best of my knowledge and belief, and I understand that any false statement I have made in this application or any attachment is punishable as a criminal offense, in accordance with Connecticut General Statutes, Section 22a-209-6 and 22a-231-1, under Connecticut General Statutes, Section 53a-157b."

_____   _____
Signature of Operator   Date

_____   _____
Name of Operator (print or type)   Title (if applicable)

Please return this application to:

CAREY L. HURLBURT
WASTE ENGINEERING AND ENFORCEMENT DIVISION
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
CONNECTICUT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Any questions, please contact Carey Hurlburt at 860-424-3248 or carey.hurlburt@ct.gov