



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. It is intended for first-time applications as well as subsequent applications.

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

Please indicate the exam date and location requested (only required for first-time applicants).

Section C – Facility Information

Indicate all information pertaining to the facility. 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 or \$393.75 (\$375 plus GST) for the Manager of Landfill Operations Certification. Payment must be received before your application will be processed. Please include a cheque, money order or credit card details with your application.

NOTE:

Landfill Operator Exam is 100 questions, multiple choice.
Manager of Landfill Operations Exam is 150 questions, multiple choice
Calculators may be used while writing certification exams. A conversion/formula sheet will be provided.
Faxed and emailed applications WILL be accepted.
All applications must be **RECEIVED ON or BEFORE** the deadline date to be considered. **NO EXCEPTIONS.**

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		Address
City	Province/Territory	Postal Code	Email Address
Daytime Telephone Number () -		Other Telephone Number () -	

Are you Currently Certified with the **Manitoba Operator Certification Program**?

Yes No Cert. No. _____

Certification that you are seeking: (choose only 1)

- Landfill Operator Certification
- Manager of Landfill Operations Certification

Requirements (please check ALL that apply):

- I am 18 years or older
- I am currently employed at a Manitoba Landfill

Employment Information

Current Employer			
Address	City	Province/Territory	Postal Code
Supervisor Name		Supervisor Title	
Work Telephone Number () -		Fax Number () -	

Section B – Exam Location and Date (for first-time applicants)

Please indicate Exam Location _____	Date: _____ / _____ / _____ (MM/DD/YYYY)
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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.	



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Section D – Declaration of Applicant

I, _____ confirm that the information on this application is true and accurate to the best of my knowledge.
Printed Name

Signature of Applicant: _____ Date: ____ / ____ / ____ (MM/DD/YYYY)

Section E – Verification by Verifier (All applications must be verified)

I, _____ confirm that the above information concerning landfill operations
Verifier Printed Name and Title
experience is true and accurate to the best of my knowledge.

Signature of Verifier: _____ Date: ____ / ____ / ____ (MM/DD/YYYY)

Section F – Payment Information

Payment amount (includes application fee and exam fee):

Landfill Operator Certification \$210.00 for a first-time applicant (\$200 plus 5% GST)

Manager of Landfill Operations Certification \$393.75 for first time applicant (\$375 plus 5% GST)

Please indicate how payment for your application processing fee is being made:

- cheque or money order attached (or will be mailed)
- PO # _____
- Visa Mastercard # _____

Name on Card _____

Expiry Date _____

Please return application by mail, fax, or email to:

SWANA Northern Lights Chapter
P.O. Box 3317
Sherwood Park, AB
T8H 2T2
Fax: (866) 698-8203
Email: certification@swananorthernlights.org