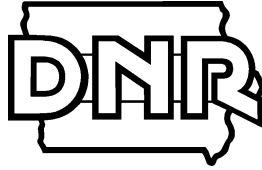


DNR USE

Cert No.: _____
Date: _____
Exam No.: _____



CASHIERS USE ONLY

Landfill: 0884-542-0072-AA-0535
Incinerator: 0884-542-0072-AB-0630
Applicant Name _____

IOWA DEPARTMENT OF NATURAL RESOURCES
502 E 9th St
Des Moines IA 50319-0034
515/725-8200

SOLID WASTE OPERATOR CERTIFICATION EXAMINATION APPLICATION

Print or Type

Last Name: _____ First Name: _____ Middle Name or Initial: _____
Street Address: _____ County No.: _____
City: _____ State: _____ Zip Code: _____
Phone Number (Day): _____ Email Address: _____ Region No.: _____

GENERAL INSTRUCTIONS

Please read and follow all directions carefully. Please complete all sections fully and accurately. An incomplete application will be returned without being processed. When contacting this department, please always use the name that is indicated on this application and use your social security number.

- A \$20 examination fee must be submitted with each application.
- Application and fee must be received a minimum of 30 days prior to the date you take the examination.
- The examination fee is good for one examination only.
- If you are eligible upon our receipt of your application form, the application will remain valid for one year from the date it was completed. If you are not eligible upon our receipt of your application and would not become eligible within one year, we will return your \$20 examination fee.
- If you fail the examination you may retake it a maximum of two times without completing another application form upon payment of the \$20 examination fee each time the examination is taken.
- This application may be used to apply for only one classification of examination. Separate applications must be completed for each type of examination you desire to take.
- Your eligibility to take this examination will be determined from the information you provide. Incomplete or illegible applications will cause delays or affect your eligibility adversely.

MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF NATURAL RESOURCES

TYPE OF EXAMINATION

This is an application for: (check one) Sanitary Landfill Solid Waste Incinerator

Have you previously taken an examination for this classification? Yes No

Date you plan to take examination: _____

READ BEFORE SIGNING

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of: **IOWA DEPARTMENT OF NATURAL RESOURCES.**

SIGN HERE IN INK: _____ Date: _____

