

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  
6200 Park Ave Ste 200  
Des Moines IA 50321  
515-249-1482

### SOLID WASTE OPERATOR CERTIFICATION EXAMINATION APPLICATION

Print or Type

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ Email: \_\_\_\_\_

#### 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.

- A \$20 examination fee must be submitted with each application.
- 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 reviewed. 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: \_\_\_\_\_

PLACE OF EMPLOYMENT

Business Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Current Position or Title: \_\_\_\_\_

BASIC OPERATOR TRAINING COURSE

Course Title: \_\_\_\_\_ Number of hours: \_\_\_\_\_  
School or Organization Offering Course: \_\_\_\_\_ Dates: \_\_\_\_\_

**Below for DNR use only.**

Application Date: \_\_\_\_\_

Examination Results		
1. _____ / _____ Date Score	2. _____ / _____ Date Score	3. _____ / _____ Date Score
Exam No.: _____ <input type="checkbox"/> Pass	Exam No.: _____ <input type="checkbox"/> Pass	Exam No.: _____ <input type="checkbox"/> Pass

NOTES:

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