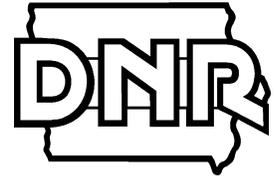




**IOWA DEPARTMENT OF NATURAL  
RESOURCES**



**Compost Facility Operator  
Application**

**New Certificate**       **Certificate Renewal – Certificate #** \_\_\_\_\_

**Applicant Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Employment Information:**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Training Information (Include proof of completion):**

Course Name \_\_\_\_\_

Trainer Name \_\_\_\_\_

Training Location \_\_\_\_\_

Date Training Held \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Send completed application to:**

Becky Jolly  
Iowa Department of Natural Resources  
Land Quality Bureau  
502 East 9th St  
Des Moines, IA 50319-0034

For questions concerning this application please  
contact the Department at (515) 725-8308.