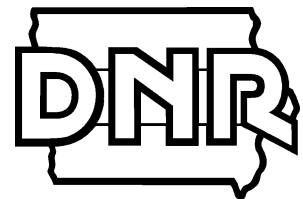


IOWA DEPARTMENT OF NATURAL RESOURCES



# 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 515-249-1482.