State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921

## Solid Waste Disposal Facility Manager Experience

Form 4400-180 (R 8/07)

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**Notice:** Use of this form is required by the Department for any application filed pursuant to ch. NR 524, Wis. Adm. Code. The Department will not consider your application unless you complete and submit this application form. Personally identifiable information on this form will be used by the Department for purposes relating to the certification of solid waste disposal facility managers and may be made available to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Instructions:** Print or type the name of the solid waste facilities for which you claim experience. For "Task Description" use broad areas of experience [per NR 524.08(2)(b)] such as operation, design, regulation, construction, or administration of solid waste facilities. Indicate the period of time (MO/YR thru MO/YR) at each location. Complete the experience information requested in detail and sign. Attach additional paper if necessary. This form must be filled out completely and signed or experience will be denied.

Applicant Information	, , , , , , , , , , , ,				
Last Name	First		MI Telephone Number (include area cod		nber (include area code)
Experience					Dates
Solid Waste Facility Name		Task Descrip	otion		MO/YR thru MO/YR
	List additional exp	perience on page 2.			
Certification					
I hereby certify that the information contained i	n this application truly	and correctly describ	oes work l	have done.	
Signature of Applicant			Date Signed		
	DNR Use Only - E		al		
2 YR Experience Approved:	Certification Number		luitials	Notifica	tion By:
Initials Date (Mo/Yr)			Initials		Date (Mo/Yr)

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xperience (continued)		Dates MO/YR thru MO/YR
Solid Waste Facility Name	Task Description	MO/YR thru MO/YR