

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin, DNR
Operator Certification EA\7
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Solid Waste Disposal Facility Operator Interim Certification Application

Form 4400-181 (R 02/20)

Notice: Use of this form is required by the Department for any application filed pursuant to s. NR 524.10, 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 operators and managers and may be made available to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Operator Information

Last Name		First		MI
Home Address		City	State	ZIP Code
Work Phone Number (include area code)	Home Phone Number (include area code)	Fax Number (include area code)		

I certify that I have at least 2 years of experience operating or being directly responsible for operation, design, regulation, construction or administration of a solid waste facility.

OR

I certify that I have at least one year of experience operating, or being directly responsible for, operation of a solid waste facility or in earth work construction.

Signature of Operator	Date Signed
-----------------------	-------------

(Note: Provide social security number at the bottom of this page)

Operator Information

Business Name		Phone Number (include area code)		
Address		City	State	ZIP Code
Email Address				

I am requesting certification for this person as an interim: Facility Manager (Fee \$150.00) Site Operator (Fee \$150.00) Effective Date

Signature of Owner	Date Signed
--------------------	-------------

DNR Use Only

Certification Number	Type	Date Received	Amount	By
----------------------	------	---------------	--------	----

Mail this completed application with a check or money order for \$150 payable to DNR to:

State of Wisconsin
Department of Natural Resources
Landfill Certification EA\7
PO Box 7921
Madison WI 53707-7921

Pursuant to sections 299.07 and 299.08, Wis. Stats., a social security number is REQUIRED when applying for a WDNR license or certification. The number may not be disclosed to anyone except the Wisconsin Department of Workforce Development or the Wisconsin Department of Revenue for child support and tax purposes. The social security number will not be retained in the paper records.

Social Security Number