

Georgia Landfill Operator Certification Application for RECERTIFICATION

Date: _____

Name: _____ Certification #: _____

Date of Most Recent Certification/Recertification: _____

Employed By: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I am applying to renew my current Georgia Landfill Operator certification by (Option A or Option B):

_____ **Option A**

- 1) **Submitting to serena.broska@dnr.ga.gov this form** at least one week prior to retaking the Georgia Landfill Operator Certification Training Course at The University of Georgia Center for Continuing Education, 1197 South Lumpkin Street, Athens, Georgia 30602-3603. I understand that retaking the exam will not be required as long as my operator's 5-year certification has not expired. Alternatively, if my certification has expired, I understand that I will be required to retake the exam.
- 2) **Registering for the Georgia Landfill Operator Certification Training Course—and paying the course fee directly to UGA—** via its website at hotel.uga.edu. UGA Contact Information: Wesley Voyles, Wesley.voyles@georgiacenter.uga.edu.

_____ **Option B**

- 1) **Submitting to georgiaswana@gmail.com this form** at least thirty (30) days prior to my certification/recertification date.
- 2) **Documenting on page 2 of this form proof of thirty (30) or more hours of GA EPD approved continuing education*** courses in areas related to landfill operation during my most recent five (5) year certification/recertification period (with the understanding that no more than ten (10) of these hours may be in the category of recycling/composting).
- 3) **Attaching to this form a daily agenda** for each continuing education training/session attended **AND an attendance statement** verified by an official member of the institutional staff for training/session attended.
- 4) **Sending \$50 payment** (checks made payable and sent to SWANA-Georgia Chapter, 2133 Lawrenceville-Suwanee Road, Suite 12-456, Suwanee, GA 30024)

**It is the sole responsibility of the individual certified landfill operator to maintain continuing education records and to submit proper proof to the Georgia Chapter of SWANA when applying for recertification via Option A.*

Option B Documentation

(Please make additional copies of this page as necessary to document all continuing education.)

Name of Continuing Education Training/Session Attended:

Presenting Institution: _____

Date(s) Attended: _____ Continuing Education Hours Earned: _____

Check here to indicate agenda is attached.

Check here to indicate attendance statement verified by an official member of the institutional staff is attached.

Name of Continuing Education Training/Session Attended:

Presenting Institution: _____

Date(s) Attended: _____ Continuing Education Hours Earned: _____

Check here to indicate agenda is attached.

Check here to indicate attendance statement verified by an official member of the institutional staff is attached.

Name of Continuing Education Training/Session Attended:

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Date(s) Attended: _____ Continuing Education Hours Earned: _____

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Name of Continuing Education Training/Session Attended:

Presenting Institution: _____

Date(s) Attended: _____ Continuing Education Hours Earned: _____

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