State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
101 S. Webster Street
Box 7921
Madison WI 53707-7921

Scott Walker, Governor
Cathy Stepp, Secretary
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Continuing Education Credit Slip

This is to certify that_____, Site Operator/Facility Manager,
Certified Operator

holding certificate number _____, _____,
certification number certificate expiration date

has, within the previous 2 years completed the following continuing education training on solid or hazardous waste management or safety related subjects:

Name of course/training	Date	Total Hours

Total hours of continuing education this renewal cycle _____

Signature of Certified Facility Manager Or Landfill Owner	Certification No.	Date

Note: The person who signs this certificate shall keep the training related documentation (e.g. brochure with certificate of completion or attendance roster, etc) on file at the landfill for two years following the certificate renewal date and submit these to the Department on request.