

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

_____	_____	_____
Name of course/training	Date	Total Hours

_____	_____	_____
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. It is not necessary to submit training related documentation at this time.