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

First Name:

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## **Solid Waste Disposal Facility Operator Certification Exam Application**

Form 3400-840 (R 02/23)

NOTICE: The Department may take up to 10 business days from date of receipt to review and process application forms per NR114, Wis Adm. Code. Personally identifiable information will be used for program administration and made accessible to requesters under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. No personally identifiable information that is confidential is provided to requesters.

Cert #: Mailing Address:

1) Print clearly or type exam applicant information in Section 1. <u>Fields in Section 1 that are bolded and underlined are required.</u> Name must exactly match photo ID for admission, fees are nonrefundable.

Last Name:

Work Phone:	Email:		<u>City:</u>	State:	<u>Zip:</u>
Cell / Home Phone	Facility / Company Name (	f any):		DNR Facility ID: Employ	ment Start Dat
ark "X" next to the	requested test site, dat	e, and time	. Exam sessions are 3 hou	urs long.	
La Crosse	03/26/2024	9AM	La Crosse	03/26/2024	1PM
Plover	04/03/2024	9AM	Plover	04/03/2024	1PM
Eau Claire	04/04/2024	9AM	Eau Claire	04/04/2024	1PM
Madison	05/08/2024	9AM	Madison	05/08/2024	1PM
Green Bay	05/09/2024	9AM	Green Bay	05/09/2024	1PM
Hayward	06/05/2024	9AM	Hayward	06/05/2024	1PM
Waukesha	06/06/2024	9AM	Waukesha	06/06/2024	1PM
Fennimore	06/12/2024	9AM	Fennimore	06/12/2024	1PM
Rhinelander	07/09/2024	9AM	Rhinelander	07/09/2024	1PM
Madison	07/10/2024	9AM	Madison	07/10/2024	1PM
Hayward	08/13/2024	9AM	Hayward	08/13/2024	1PM
Plover	08/14/2024	9AM	Plover	08/14/2024	1PM
Eau Claire	09/11/2024	9AM	Eau Claire	09/11/2024	1PM
Waukesha	09/12/2024	9AM	Waukesha	09/12/2024	1PM
Rhinelander	10/02/2024	9AM	Rhinelander	10/02/2024	1PM
Green Bay	10/03/2024	9AM	Green Bay	10/03/2024	1PM
Madison	12/03/2024	9AM	Madison	12/03/2024	1PM
Plover	12/04/2024	9AM	Plover	12/04/2024	1PM

Please continue filling out exam application information on pages 2 and 3.

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	flark "X" next to the exam(s) you are requesting appr sions please write which exams you would like to tak			tiple exams over multiple exar	n
	☐ Facility Manager	\$200	Site Operator		\$200
,	ist the Exam Application Fee for the requested exam I amount along with this completed application.	າ(s). F	Please submit a check Total Amount Due:	k, money order, or cash for the	
5) N	Mail completed application with correct paymentto:			IATURAL RESOURCES	
	ke check payable to Wisconsin DNR. Im fees are non-refundable.		OPERATOR CERTIF PO BOX 7921 MADISON, WI 53707		

# Exam applications must be postmarked no later than four weeks prior to the requested exam date.

You will receive a confirmation letter with exact location of exam site after your registration is processed.

Study guides are available online at <a href="https://dnr.wisconsin.gov/topic/opcert/landfill.html">https://dnr.wisconsin.gov/topic/opcert/landfill.html</a>. For questions please contact the Operator Certification Coordinator at 608-266-8948 or by email at <a href="mailto:DNROpCertLandfill@Wisconsin.gov">DNROpCertLandfill@Wisconsin.gov</a>.

State of Wisconsin Department of Natural Resources (DNR) PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

# **Social Security Number / FEIN Collection Request**

Form 9400-568 (R 5/14)

**Notice:** Individuals are required to provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to be used as specified below.

- 1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
  - Under § 29.024(2g)(a)Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
  - Under § 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
- 2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
  - Under §§ 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
  - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not
    individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

**Purpose:** The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

### For copies of the State Statutes, contact the Legislative Reference Bureau.

- Visit their internet site at http://legis.wi.gov/lrb or
- If you do not have internet access, call (608) 266-0341.

### Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and Social Security Number (SSN) if your application is for any personal license, permit, registration or certification.
- Your name, phone number, address and Federal Employer Identification Number (FEIN) if your application is for any business license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

**NOTE:** If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information								
Last Name	First	MI	Telephone Number			SSN For Individual		
Business		Business Telephone Number		FEIN For Business				
Address		City	City		State	ZIP Code		
Certification								
I certify that information provided or	the form is true an	nd correct.						
Applicant Signature				Date Signed				
	Le	eave Blan	k – DNR Use Only					
License, Registration, Certification or P	ermit Type	l	License, Registration, Certification or Permit Number					