



# SWANA Certification Level Upgrade Request

Please type or print all information



Name: \_\_\_\_\_ SWANA Certification/ID# \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

WORK Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Alt. Ph ( ) \_\_\_\_\_

## CERTIFICATION DISCIPLINE (Check off **ONLY** Disciplines to Upgrade):

- |   |  |
|---|--|
| <input type="checkbox"/> Bioreactor                             | <input type="checkbox"/> Landfill                      |
| <input type="checkbox"/> Collection Systems                     | <input type="checkbox"/> Municipal Solid Waste Systems |
| <input type="checkbox"/> Composting Systems (SWANA/USCC)        | <input type="checkbox"/> Transfer Station              |
| <input type="checkbox"/> Construction & Demolition (SWANA/CMRA) | <input type="checkbox"/> Recycling Systems             |

## CURRENT CERTIFICATION LEVEL \*Upgrades May Require an Attached Resume:

- Technical Associate       Inspector (Landfill and C&D Disciplines ONLY)       Manager

## Upgrade Certification Level

\_\_\_\_\_  
Previous Position Title

### Inspector (Landfill / C&D Disciplines ONLY)

Fulfilled **5 years** in Integrated Municipal Solid Waste Management field **Dates** \_\_\_\_\_ **to** \_\_\_\_\_ **AND**  
(Mo/Yr) (Mo/Yr)

**2 years** experience as an **Inspector** of MSW Landfills **Dates** \_\_\_\_\_ **to** \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

**Manager** Fulfilled **5 years** in Solid Waste Management field **Dates** \_\_\_\_\_ **to** \_\_\_\_\_ **AND**  
(Mo/Yr) (Mo/Yr)

**2 years** experience in **Management/Supervisory Position** in the discipline in which certification is held.

**Dates** \_\_\_\_\_ **to** \_\_\_\_\_ **Employees Supervised:** \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

\_\_\_\_\_  
Current Position Title

\_\_\_\_\_  
Supervisor Signature

## Summary of Current Position Duties/Tasks:

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## AFFIRMATION

In keeping with SWANA's Code of Ethics, I hereby attest that all facts presented on this request application are correct and complete. I grant permission to SWANA to make inquiries that the association may deem necessary to verify my credentials for recertification. I agree to abide by the rules and decisions of SWANA and understand that falsification of this application is grounds for revoking certification.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Return completed request to:*

**Solid Waste Association of North America  
Attn: Training & Certification Coordinator  
P.O. Box 7219  
Silver Spring, MD 20907-7219**

Phone: 1-800-GO-SWANA  
Fax: 301-585-0297  
Email: [certification@swana.org](mailto:certification@swana.org)

