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):

 Bioreactor □ Landfill □ HHW
 Collection Systems □ Municipal Solid Waste Systems
 Composting Systems □ Transfer Station
 Construction & Demolition □ Recycling Systems

CURRENT CERTIFICATION LEVEL

*Upgrades May Require an Attached Resume:

 TECHNICAL ASSOCIATE □ MANAGER □ INSPECTOR (LANDFILL AND C&D DISCIPLINES ONLY)

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 Management/Supervisory experience in the discipline in which certification is held.

Dates ________ to ________

(Mo/Yr) (Mo/Yr)

Number of Employees Supervised: ____________

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. 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: Certification Program Manager
1100 Wayne Avenue, Suite 650
Silver Spring, MD 20910

Phone: 1-800-GO-SWANA
Fax: 301-585-0297
Email: certification@swana.org