



4. Summary of current position duties/tasks:

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

Please return completed request to:

Solid Waste Association of North America
Attn. Certification Program Manager
1100 Wayne Ave., Ste. 650
Silver Spring, MD 20910

P. 1-800-GO-SWANA
F. 301-585-0297
Email: certification@swana.org