| SOLID WAS | TE OPERATOR LICENSE | <u> APPLICAT</u> | ION | | |
|--|--|----------------------|--|------|--|
| Return completed forms with application fees attached to: | | | STATE USE ONLY | | |
| Arkansas Department of Energy and Environment | | | Date Received: Exam Date: | | |
| | | | | | |
| 5301 Northshore Drive North Little Rock, AR 72118-5317 | | Invoice #: _ | Invoice #: | | |
| North Little Rock, AR 72118-551 | 1 | License #: | | | |
| | | | | | |
| (First) | (Middle Initial) | (Last) | | | |
| Applicant Name: | | | | | |
| Social Security #: | | | | | |
| Employer: | | | | | |
| ob Title: | | Class R | Class Requested: (check all that apply | | |
| Business Address: | | □ 14 | A □ 1B | □ 1C | |
| County: | | □ 2 <i>4</i> | A □ 2B | □ 2C | |
| City/State/Zip: | | D | A □ 3B | □ 3C | |
| Business Phone: | Business Fax: | | | | |
| Email: | | | | | |
| | | | | | |
| | PERSONAL INFORMATIO | N | | | |
| Home Address: | Home Phone: | | | | |
| City/State/Zip: | Cell Phone: | | | | |
| Email: | | | | | |
| Course to be taken, name of course, locat | ion and date: | | | | |
| | CERTIFICATION | | | | |
| To the best of my knowledge, I affirm the | above information is true and correct. | | | | |
| Applicant Signature: | Date: | | | | |
| | TION INSTRUCTIONS AND | GUIDELINES | | | |
| Completing the Application Form: | | | | | |
| Provide all information requested | | | | | |
| Make sure the application is sign | | | | | |
| - | urity number, as required by state law. first and last names with middle initial. | | | | |
| | of license(s) for which you are applying. | | | | |
| Check all classification and level of Payment of Licensing Fees (Fee of | | | | | |
| • Fayment of Licensing rees (ree c | actuation below. | | | | |
| Category 1: | <u>Category 2:</u> | □ <u>Category 3:</u> | | | |
| Class 1 landfill | Class 3 Landfill | Waste Tire Processor | | | |
| Transfer Station | Class 4 Landfill | | | | |
| Unsegregated MRF | | | | | |
| MSW Incinerator | | | | | |
| Composting Facility | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Number of Categories Requested: ______x \$50.00 = \$ _____ Total Fees Note: Initial fees are \$50.00 per classification of license requested. Example below: \$50.00 for a Class 1A only; • \$100.00 if requesting both Class 1A and 2A; and • \$150.00 if requesting all three – Class 1A, 2A and 3A. ٠ The Division will not bill you. To ensure eligibility, attach check, money order or arrange for credit card payment prior to the examination date and return to: Arkansas Department of Energy and Environment **Division of Environmental Quality – Land Resources** Solid Waste Licensing Program 5301 Northshore Drive North Little Rock, AR 72118-5317 For more information, contact: DEQ Solid Waste Licensing Program (501) 682-0860.