



Municipal Solid Waste (MSW) Facility Supervisor Licensing Application Supplement

MC 178, PO Box 13087, Austin, TX 78711-3087
Phone: (512) 239-6133 Fax: (512) 239-6272 Website: www.tceq.texas.gov/licensing

Name: _____ Date: _____ SSN (Last 4 digits): _____

License level the applicant is applying for:

- MSW A MSW B MSW A Provisional (not renewable) MSW B Provisional (not renewable) Upgrade from Provisional

Type of permitted and registered MSW facility the applicant will be operating, managing, or supervising:

- | | |
|---|---|
| <input type="checkbox"/> Type I Landfill | <input type="checkbox"/> Type IX energy or material recovery facility (other) |
| <input type="checkbox"/> Type IAE Landfill | <input type="checkbox"/> Type IX landfill mining facility |
| <input type="checkbox"/> Type IV Landfill | <input type="checkbox"/> Permitted compost facilities |
| <input type="checkbox"/> Type IVAE Landfill | <input type="checkbox"/> Registered compost facility |
| <input type="checkbox"/> Type V storage and processing facility not otherwise specified | <input type="checkbox"/> Medical Waste facility |
| <input type="checkbox"/> Type VI demonstration facility | <input type="checkbox"/> Other _____ |

Do you hold a Manager of Landfill Operations (MOLO) certification? Yes No

Work Experience (actual experience gained from participating as a principal operator, foreman, supervisor, or manager of a solid waste facility appropriate to the respective class of license or other solid waste management experience approved by the executive director)

Current Employer: _____ Facility Name: _____

Job Title: principal operator foreman supervisor manager other _____

Your dates of employment (MM/DD/YYYY): From: _____ To: _____

Facility's Mailing Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Job Tasks (check all job duties performed at a permitted and registered solid waste site under your current employer)

Landfill Disposal:

- | | |
|---|--------------|
| <input type="checkbox"/> perform daily and weekly covering | Other: _____ |
| <input type="checkbox"/> identify medical waste | _____ |
| <input type="checkbox"/> maintain buffer zones and disposal area boundaries | _____ |

Landfill Theory and Design:

- | | |
|--|--------------|
| <input type="checkbox"/> identify landfill health hazards | Other: _____ |
| <input type="checkbox"/> implement a site/operation/development plan | _____ |
| <input type="checkbox"/> make landfill operations decision | _____ |

Landfill Gas Control:

- | | |
|---|--------------|
| <input type="checkbox"/> perform preventive maintenance on passive or active landfill gas systems | Other: _____ |
| <input type="checkbox"/> operate gas-collection device | _____ |
| <input type="checkbox"/> collect test samples | _____ |

Composting and Mulching:

- | | |
|---|--------------|
| <input type="checkbox"/> screen compost and mulch materials | Other: _____ |
|---|--------------|

Composting and Mulching - Continued:

- shred or grind materials
- pulverize and transport compost and mulch

MSW Disposal Processing:

- screen MSW waste
- report hazardous waste

Other: _____

Medical Waste Handling:

- approve or reject loads based on content
- route special waste/hazardous materials to proper disposal areas

Other: _____

Leachate Control:

- monitor leachate
- keep leachate records
- record quantity and quality of daily leachate

Other: _____

Environmental Issues:

- ensure effective use of landfill space
- ensure daily cover
- reduce discharge to ground and surface waters

Other: _____

Collection:

- collect and screen household and commercial waste
- plans routes, & develop collections strategies

Other: _____

Recycling:

- screen for special waste
- dispose of non-recyclable waste
- sort/separate/collect/store recyclables
- recycle electronics
- implement recycling plan

Other: _____

Transfer Station:

- screen contents of collection vehicle
- unload and reload vehicle
- remove special waste and recyclables

Other: _____

Commercial Waste Processing:

- screen and separate commercial waste
- route commercial waste to proper disposal area

Other: _____

Industrial Waste Handling:

- screen and separate industrial waste
- route industrial waste to proper disposal area

Other: _____

Residential (Municipal) Waste Handling:

- screen and separate residential waste
- route residential waste to proper disposal area

Other: _____

Other (add additional pages as needed): _____

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code §30.33 or revocation of my license pursuant to Tex. Water Code §7.303.

Signature: _____ **Date:** _____

Entering your name in the Signature box constitutes an electronic signature and is legally equivalent to your written signature.

FOR TCEQ USE ONLY

MSW Facility	Experience	Training	Fees	Education
Type I Type IAE Type IV Type IVAE Type V	Type VI Type IX Compost Other	MSW A:___ MSW B:___ MSW Specialized training Medical Waste:___ Compost:___	Amount Paid:____ Date Paid: ___ Reviewer:___ Military: ___	HS/GED___ BS___ MS___
Lic#:	Issue Date:		Reviewed By:	

PREVIOUS EMPLOYER SECTION

Complete this section ONLY if you have multiple employers or positions you would like us to consider.

Name: _____ **Date:** _____ **SSN (Last 4 digits):** _____

Type of permitted and registered MSW facility the applicant has operated, managed, or supervised:

- | | |
|---|---|
| <input type="checkbox"/> Type I Landfill | <input type="checkbox"/> Type IX energy or material recovery facility (other) |
| <input type="checkbox"/> Type IAE Landfill | <input type="checkbox"/> Type IX landfill mining facility |
| <input type="checkbox"/> Type IV Landfill | <input type="checkbox"/> Permitted compost facilities |
| <input type="checkbox"/> Type IVAE Landfill | <input type="checkbox"/> Registered compost facility |
| <input type="checkbox"/> Type V storage and processing facility not otherwise specified | <input type="checkbox"/> Medical Waste facility |
| <input type="checkbox"/> Type VI demonstration facility | <input type="checkbox"/> Other _____ |

Work Experience (actual experience gained from participating as a principal operator, foreman, supervisor, or manager of a solid waste facility appropriate to the respective class of license or other solid waste management experience approved by the executive director)

Previous Employer: _____ Facility Name: _____
 Job Title: principal operator foreman supervisor manager other _____
 Your dates of employment (MM/DD/YYYY): From: _____ To: _____
 Facility's Mailing Address: _____ City: _____ State: _____ Zip: _____
 Supervisor's Name: _____ Supervisor's Phone: _____

Job Tasks (check all job duties performed at a permitted and registered solid waste site under your previous employer)

Landfill Disposal:

- | | |
|---|--------------|
| <input type="checkbox"/> perform daily and weekly covering | Other: _____ |
| <input type="checkbox"/> identify medical waste | _____ |
| <input type="checkbox"/> maintain buffer zones and disposal area boundaries | _____ |

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Industrial Waste Handling:

- screen and separate industrial waste
- route industrial waste to proper disposal area

Other: _____

Residential (Municipal) Waste Handling:

- screen and separate residential waste
- route residential waste to proper disposal area

Other: _____

Other (add additional pages as needed): _____

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code §30.33 or revocation of my license pursuant to Tex. Water Code §7.303.

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