

Department of Environmental Quality
Office of Land Application Programs
APPLICATION FOR LAND APPLICATION SUPERVISOR CERTIFICATION

By authority of the Virginia Pollution Abatement Permit Regulation (9VAC25-32),
this form must be completed and submitted in order to be considered for certification.

Please print or type this application.

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| Personal Information: | | | DATE: |
| NAME (Last, First, Middle Initial): | | | E-MAIL ADDRESS |
| HOME MAILING ADDRESS: | | | HOME PHONE NO. (Include Area Code): |
| CITY | STATE | ZIP CODE | BUSINESS PHONE NO. (Include Area Code):: |
| PLEASE CIRCLE YOUR ANSWER: Are you a certified Virginia Nutrient Management Planner: Y / N Have you ever been convicted of a felony? Y / N If yes, was this felony related in any way to the responsibilities of a certified land applicator? Y / N | | | |

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| Eligibility Information | | | |
| HIGHEST LEVEL OF EDUCATION COMPLETED: | | | DATES OF EMPLOYMENT: |
| NAME OF LAND APPLICATION COMPANY/ EMPLOYER: | | | From: _____ (mo/yr.) To: _____ (mo/yr.) |
| ADDRESS: | | | JOB DUTIES: _____ |
| CITY | STATE | ZIP CODE | |
| List any experience related to agriculture and farming, land application, wastewater treatment, etc. | | | |
| List any training related to farming practices, nutrient management, soil science, land application, wastewater treatment, etc. | | | |

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| INDICATE YOUR FIRST AND SECOND CHOICES FROM THE TRAINING COURSES AS POSTED AT: http://www.deq.virginia.gov/vpa/Biosolids_Training.html 1) _____ 2) _____ | DESCRIBE ANY SPECIAL TRAINING NEEDS BELOW: _____ _____ |
| I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED ON ALL PAGES, INCLUDING ATTACHMENTS, IS ACCURATE AND COMPLETE. I FULLY UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL OR REVOCATION OF CERTIFICATION. _____ Applicant Signature Date | Mail this completed application with \$100 fee to: (Please make check or money order payable to the Treasurer of Virginia) Department of Environmental Quality Receipts Control P. O. Box 1104 Richmond, VA 23218 |