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.

Personal Information:		DATE:	DATE:			
NAME (Last, First, Middle Initial):		E-MAIL ADD	E-MAIL ADDRESS			
HOME MAILING ADDRESS:		·	HOME PHONE NO. (Include Area Code):			
CITY	STATE Z	IP 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						

Eligibility Information						
HIGHEST LEVEL OF EDUCATION COMPLETED:			DATES OF EMPLO	DATES OF EMPLOYMENT:		
			From:	(mo/yr.) To:	(mo/yr.)	
NAME OF LAND APPLICATION COMPANY/ EMPLOYER:						
			JOB DUTIES:			
ADDRESS:						
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 manage	ment, soil science, lar	nd application, wastewate	er treatment, etc.		

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