

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:
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			

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.			

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