



**Minnesota Pollution Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Form WC-04

## Initial and Renewal Certification Application for Types I, II, III, A, C and Large Hospital Waste Combustors Air Quality Permit Program

Doc Type: Certification Application

**Please submit completed forms to:**

Attention: Calli Ekblad  
Minnesota State College-Southeast Technical  
308 Pioneer Road  
Red Wing, MN 55066

**Processing Fee: \$25**

Please submit check payable to **MSCS**  
and return with completed form.

College Staff Use Only	
<input type="checkbox"/>	Training hours and documentation
<input type="checkbox"/>	Approved by: _____
<input type="checkbox"/>	Examination date: _____
<input type="checkbox"/>	Database updated: _____
<input type="checkbox"/>	Address file: _____
<input type="checkbox"/>	Certificate issued: _____
<input type="checkbox"/>	Certificate number: _____
<input type="checkbox"/>	Experience: <input type="checkbox"/> Training <input type="checkbox"/> Exam

**Tennessee warning:** Pursuant to Minn. Stat. § 13.41, the information you provide on this application is private data (except for your name and designated address) until the time you are certified. Once you are certified, the information becomes public data and will be part of the Minnesota Pollution Control Agency's (MPCA) permanent file. If you are not certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA and/or Minnesota State Southeast Red Wing in processing your application. The MPCA and/or Minnesota State Southeast Red Wing will use the information when determining your qualifications for obtaining a certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you fail to provide the information, it will be difficult for the MPCA and/or Minnesota State Southeast Red Wing to determine your qualifications for certification. While your application is pending, the information you submitted, except your name and designated address, be available only to authorized personnel within the agency and Minnesota State Southeast Red Wing and to those authorized or required by law or court order.

**A. General: All blanks must be completed. (Please type or print)**

This application is for (check one):

Original certification       Renewal certificate      Present certificate number: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of waste combustor Employer, if applicable: (Check all that apply)

- City of Red Wing       Covanta Hennepin Energy Resource Company       Great River Energy       Mayo Foundation
- Olmsted County       Perham       Polk County       Pope/Douglas       Xcel (Red Wing)
- Xcel (Wilmarth)       Other \_\_\_\_\_

**B. Training:** Please list courses and number of contact hours of each approved training course that you have attended and attach documentation. *If applying for recertification, list all training since your most recent certification.*

Subject	Location	Date	Contact hours

**C. Experience and licensure: (check one)**

- I have at least one year of experience operating a steam generation plant of Class I, II, III, A, C, or Large Hospital Waste Combustor at the Minnesota Stationary Engineers licensure level of at least Second Class Engineer, Grade B. *Please attach a copy of license.*
- I have at least three years of experience at a power generation facility or in operating a Class I, II, III, A, C, or Large Hospital Waste Combustor and **do not** have a Minnesota Stationary Engineers licensure level of at least Second Class Engineer, Grade B *Please attach a resume of experience.*

**D. Applicant Signature**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Applicant name (Print)*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

**Affidavit of Experience**

I, \_\_\_\_\_, hereby certify that to my personal knowledge, \_\_\_\_\_  
*Supervisor* *Applicant*

has actually operated facilities and equipment of the following type and is licensed as indicated.

Yes	Type of process experience	Start date	End or current date
<input type="checkbox"/>	Non-waste combustor steam generation		
<input type="checkbox"/>	Class I, II, III, A, B, or C waste combustor		
<input type="checkbox"/>	Power plant		
<input type="checkbox"/>	Other: <i>please name type</i> _____		

Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor name (Print): \_\_\_\_\_