IOWA DEPARTMENT OF NATURAL RESOURCES

Compost Facility Operator Application

☐ **New Certificate** ☐ **Certificate Renewal – Certificate # _____**

Applicant Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Employment Information:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Training Information (Include proof of completion):

Course Name: _____

Trainer Name: _____

Training Location: _____

Date Training Held: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Send completed application to:

Becky Jolly
Iowa Department of Natural Resources
Land Quality Bureau
6200 Park Avenue, Suite 200
Des Moines, IA 50321

For questions concerning this application please contact the Department at (515) 249-1482.