



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 Ave Ste 200
Des Moines IA 50321

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