

# SOLID WASTE HAULER LICENSE APPLICATION APPLICATIONS ARE DUE ON OR BEFORE DECEMBER 1, 2025

## **Class D Solid Waste Hauler License**

☐ New License

☐ Renewal License

## **Solid Waste Designation Ordinance Statement:**

## Solid Waste Designation Ordinance

Except as otherwise provided within the Solid Waste Designation Ordinance all Persons must deliver, or cause to be delivered, all quantities of Designated Waste generated within the geographic boundaries of Olmsted County to the applicable Designated Point of Delivery, and may not be delivered to any other site.

☐ Have reviewed and have a clear understanding of Olmsted County's Designation Ordinance

## **Solid Waste Management Statement:**

## Solid Waste Management Ordinance

No person may collect, transport, or dispose of any solid waste, including Mixed Municipal Solid Waste, Industrial Waste, Source-Separated Organic Materials, or Bulky Items, belonging to another person in Olmsted County without first obtaining an appropriate Solid Waste License from the County, in accordance with the County's Solid Waste Management Ordinance.

☐ Have reviewed and have a clear understanding of Olmsted County's Solid Waste Management Ordinance

## **Class D License Application Statement**

In accordance with Olmsted County's Solid Waste Management Ordinance, any person or entity providing collection and transportation of bulky items and solid waste as a secondary service, accompanying a primary service of labor or general site cleanup, is required to obtain a Class D License. There is no limitation on the number of Class D Licenses issued by the County.

Please note the following restrictions for Class D License holders (Also refer to the Junk Hauler Guidebook on the website):

- Class D licensed haulers are limited to providing collection and transportation of bulky items and solid waste as a secondary service. Their primary service must remain labor or general site cleanup services.
- Class D haulers **cannot** provide curbside solid waste collection, nor can they drop off containers or trailers for waste generators to fill (i.e. dumpster service).
- A Class D License holder is prohibited from holding a Class C License within the same business entity. Should a Class D License holder wish to operate under a Class C License, they must establish a separate business entity for that purpose, as per the County's Solid Waste Management Ordinance, Section 3504.02 Subsection 4. Class A License Requirements for Commercial Haulers in Olmsted County

## **Application Process**

The County accepts Class D License applications annually from **October 1 to December 1** for licenses issued the following year. After the December 1 deadline, applications may still be submitted throughout the year by contacting the Solid Waste Assurance Coordinator to request an application packet. If an unlicensed hauler acquires a licensed hauler, the buyer must submit a new license application before the transfer of ownership is completed.

| Applicant Information                            |                             |   |                    |                       |           |  |
|--|-----------------------------|---|--------------------|-----------------------|-----------|--|
| Legal Company Name Business Name/DBA             |                             |   |                    |                       |           |  |
| Name (Last, First, MI)                           |                             | Owner Partner Local Manager  *Applicant must be at least a managerial level employee with control over or responsibility for the hauling operation or an owner, officer, director, or majority and controlling shareholder, partner, sole proprietor, or governmental entity – per Section 3504.06 of Solid Waste Management Ordinance. |                    |                       |           |  |
| Local Address                                    |                             | City  |                    | State                 | Zip Code  |  |
| Company Address                                  |                             | City  |                    | State                 | Zip Code  |  |
| E-mail Address                                   |                             | Cell Phone Nu   | umber              | Business Telepho      | ne Number |  |
| Minnesota Sales Tax ID Number or                 | SS# Required                |   |                    |                       |           |  |
| Type of Ownership: ☐Sole Proprietor ☐Partnership | □Corporation<br>□LLC        | Date of Incorp  | poration           | State of Incorp       | oration   |  |
| Is this business publicly traded?                | □Yes □No                    | Proposed Ope  | ening Date:        |                       |           |  |
|  | Own                         | ers   |                    |                       |           |  |
| Ownership: Owners, Majority and Control          | ling Shareholders, Partners | , Officers, and Direc   | tors. Attach addit | ional sheets as neede | d         |  |
| Full Name: Last, First, Middle                   |                             |   |                    | Telephone             |           |  |
| Email Address                                    |                             |   |                    |                       |           |  |
| Title  |                             |   |                    |                       |           |  |
| Full Name: Last, First, Middle                   |                             |   |                    | Telephone             |           |  |
| Email Address                                    |                             |   |                    |                       |           |  |
| Title  |                             |   |                    |                       | L         |  |
| Full Name: Last, First, Middle                   |                             |   |                    | Telephone             |           |  |
| Email Address                                    |                             |   |                    |                       |           |  |
| Title  |                             |   |                    |                       | ı         |  |

| Type of service, waste and area   |  |  |  |  |
|---|--|--|--|--|
| Type of service: Please select the appropriate box  |  |  |  |  |
| □ Commercial & Residential □ Residential Only □ Commercial Only   |  |  |  |  |
| Types of solid waste to be collected & transported (defined by MN Statute 115A.03) Check all that apply:    |  |  |  |  |
| ☐ Bulky Items (Designated to Olmsted County SW Disposal Facilities if not recycled or reused)               |  |  |  |  |
| ☐ Mixed Municipal Solid Waste (Designated to Olmsted County-owned SW Disposal Facilities)                   |  |  |  |  |
| ☐ Recyclable Materials  |  |  |  |  |
| Olmsted County Service area: Please mark the checkbox to indicate that you understand the service area.     |  |  |  |  |
| Townships:  |  |  |  |  |
| New Haven, Oronoco, Farmington, Kalmar, Cascade, Haverhill, Viola, Quincy, Salem, Rochester, Marion, Eyota, |  |  |  |  |
| Dover, Rock Dell, High Forest, Pleasant Grove, Orion, and Elmira  |  |  |  |  |
| Cities/Towns:   |  |  |  |  |
| Rochester, Byron, Oronoco, Stewartville, Eyota, Dover, portions of Chatfield & Pine Island                  |  |  |  |  |
| ☐ Have reviewed and have a clear understanding of Olmsted County's designated service area                  |  |  |  |  |



| Hauling information   |  |  |  |
|---|--|--|--|
| Olmsted County-owned SW Disposal Facilities:  |  |  |  |
| Recycling Center Plus (OCRC+) 305 Energy Parkway NE, Rochester, MN 55906 Facility hours: Tuesday - Saturday, 8 a.m 4:30 p.m.  |  |  |  |
| Kalmar Landfill 7401 19th Street NW, Rochester, MN 55901 Landfill hours: Monday - Friday, 8:30 a.m 3:30 p.m.  |  |  |  |
| Olmsted County Contracted Facility: LRS Stewartville Transfer Station 943 2nd Ave SW Stewartville, MN 55976 Facility hours: Monday - Friday, 8 a.m 4:30 p.m.  |  |  |  |
| ☐I have reviewed and clearly understand that the disposal of Mixed Municipal Solid Waste from Olmsted County is restricted to the disposal facilities listed above.   |  |  |  |
| Vehicles and Equipment Information  |  |  |  |
| Provide the location(s) (addresses) where (trailers/roll-off boxes, etc.) will be stored:   |  |  |  |
| Type Primary Storage Location Secondary Storage Location  |  |  |  |
| Vehicles  |  |  |  |
| Equipment   |  |  |  |
| Vehicles and Equipment Reporting  |  |  |  |
| ☐ Check this box if a vehicle report has been provided by Olmsted County.   |  |  |  |
| □Check this box to confirm that you have thoroughly reviewed the vehicle listing report, updated any missing information, and marked vehicles or equipment that are no longer in use or ownership. This ensures the listing is accurate and complete. Attach the updated equipment listing to this application. If there are additional vehicles or equipment not included in the original report, please add them to the updated Vehicle/Equipment Listing or attach a separate list |  |  |  |
| □ Check this box if a vehicle listing report was not provided with this application. Complete the Vehicle/Equipment Listing below for all vehicles and equipment intended for hauling operations in Olmsted County. If additional space is required, attach a separate vehicle/equipment listing that includes all the requested information.   |  |  |  |
| ☐ By checking this box, you acknowledge that all equipment used in your operations must display a valid Olmsted County sticker.   |  |  |  |
| Vehicle Inspection Reports  |  |  |  |
| Provide the most recent annual Commercial Vehicle Inspection Reports for each vehicle required to have them.  |  |  |  |
| Check one and complete:   |  |  |  |
| <ul><li>□ Commercial Vehicle Inspection Reports have been provided with the application form.</li><li>□ I don't have Commercial Vehicle Inspection Reports for my vehicles because:</li></ul>   |  |  |  |
| (explain)   |  |  |  |

| Employer Sign-Off Form   |
|--|
| To minimize accidents and raise awareness of hazards at the OWEF tipping floor and Kalmar Landfill, Olmsted  |
| County has developed informative documents for each County-owned solid waste management facility,  |
| available at Required Safety Information for Drivers - Solid Waste Facility Information. These resources are   |
| intended to educate employees about the specific hazards at these sites. As part of the application process, we  |
| request that management personnel complete the attached form to confirm that safety information has been   |
| communicated to their staff regarding these site hazards and responsibilities.   |
| $\square$ Confirm that the Employer Sign-off Form has been signed and is included with the application.  |
| $\square$ Confirm that the "OCRC+ Facility Information" packet will be reviewed with drivers and staff before they access the facility.  |
| ☐ Confirm that the "Kalmar Landfill Facility Information" packet will be reviewed with drivers and staff before  |
| they access the Kalmar Landfill.   |
| MN Department of RevenueSWMT-10 Form   |
| For Minnesota Solid Waste Management Tax (SWMT) purposes, Class D licensed haulers are classified as self-   |
| haulers and are required to pay the SWMT at the gate of any solid waste management facility. When disposing of solid waste at Olmsted County-owned facilities, the SWMT will be automatically added to the Class D licensed hauler's disposal ticket.  |
| If, for any reason, the SWMT is not initially charged, Olmsted County will issue a separate invoice to the Class D licensed hauler for the recalculated tax amount, with payment due within 30 days of the original disposal ticket date.  |
| $\square$ By checking this box, your company acknowledges and understands the SWMT payment requirements for Class D licensed haulers.  |
| Olmsted County Environmental Service Charge  |
| For Olmsted County Environmental Service Charge (Service Charge) purposes, Class D licensed haulers are  |
| considered self-haulers and are required to pay the Service Charge at the gate of any solid waste management   |
| facility. When disposing of solid waste at Olmsted County-owned facilities, the Service Charge will be applied to the Class D licensed hauler's disposal ticket.   |
| If the Service Charge is not initially applied, Olmsted County will issue a separate invoice to the Class D  |
| licensed hauler for the recalculated amount, with payment due within 30 days of the original disposal ticket.  |
| $\square$ By checking this box, your company acknowledges and understands the Olmsted County Environmental Service Charge payment requirements for Class D licensed haulers.   |
| Solid Waste Credit Account and Tipping Fees  |
| Olmsted County's Solid Waste Credit Policy requires Licensed Haulers to maintain a credit account for disposal   |
| charges, unless their credit account has been denied or revoked, in which case they must pay at the time of disposal. Tipping fees are assessed at the moment of disposal at County-owned facilities and recorded on a disposal ticket. If the scale operator encodes the tipping fee incorrectly or the charged amount is wrong, the County will correct the disposal ticket with the accurate code and charge amount. For Licensed Haulers with a credit account, any adjustments to the amount owed will be reflected in the subsequent monthly statement. Cash customers will have corrections made within 30 days of the initial disposal ticket, with payments following the guidelines in the Solid Waste Credit Policy, a copy of which is attached to this application. |
| $\square$ Please check the box to confirm that your company understands the payment requirements for the Olmsted County Solid Waste Credit Account.  |
|  |

| Workers Compensation   |                                    |                   |  |  |  |
|--|------------------------------------|-------------------|--|--|--|
| Workers' Compensation Company  | Policy Number                      | Dates of Coverage |  |  |  |
| Or  I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor, and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.  |                                    |                   |  |  |  |
| Insuranc   | e Coverage                         |                   |  |  |  |
| Licensed Commercial Haulers must provide proof of insurance coverage for the types and minimum amounts specified below. Please check the boxes to confirm that the required documentation is included with your application.  General Liability: Comprehensive general liability insurance, including:  Premises – Operations  Independent Contractor's Protective  Products and Completed Operations  Broad Form Property Damage  Bodily Injury and Property Damage (Combined Limit): Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising out of a single occurrence  Personal Injury: Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising out of a single occurrence  Comprehensive Automobile Liability: For Bodily Injury and Property Damage (Combined Limit): Minimum of \$500,000 per claim and \$1,500,000 aggregate for multiple claims arising from a single occurrence, covering:  Owned vehicles  Non-owned vehicles  Hired vehicles |                                    |                   |  |  |  |
| Certificate of Insurance   |                                    |                   |  |  |  |
| A Certificate of Insurance, valid for the year 2026, must the certificate must explicitly detail the following covernments of the certificate must explicitly detail the following covernments of the certificate must excess the county's agent.  | erages:                            |                   |  |  |  |
| Olmsted County must be named as an additional insured as required by t h e written contract on the policy.  Certificate Holder shall be Olmsted County, 2122 Campus Dr. SE, Rochester, MN 55904.   |                                    |                   |  |  |  |
| Licensing Fee  |                                    |                   |  |  |  |
| The application due date for the following year's licens \$300 per year and must be received before the applica ************************************   | ation is reviewed.<br>************ |                   |  |  |  |

| Signature       |   |  |  |  |
|-----------------|---|--|--|--|
| I, (print name) |   |  |  |  |
| Signature:      |   |  |  |  |
| Title:          | · |  |  |  |
| Date:           | - |  |  |  |

## **Vehicle Information**

|    | Make | Model | Year | VIN | License<br>Plate | Company<br>Vehicle<br>Number | MN Dot<br>Inspection<br>Report |
|----|------|-------|------|-----|------------------|------------------------------|--------------------------------|
| 1  |      |       |      |     |                  |                              |                                |
| 2  |      |       |      |     |                  |                              |                                |
| 3  |      |       |      |     |                  |                              |                                |
| 4  |      |       |      |     |                  |                              |                                |
| 5  |      |       |      |     |                  |                              |                                |
| 6  |      |       |      |     |                  |                              |                                |
| 7  |      |       |      |     |                  |                              |                                |
| 8  |      |       |      |     |                  |                              |                                |
| 9  |      |       |      |     |                  |                              |                                |
| 10 |      |       |      |     |                  |                              |                                |
| 11 |      |       |      |     |                  |                              |                                |
| 12 |      |       |      |     |                  |                              |                                |

## OLMSTED COUNTY WASTE MANAGEMENT CREDIT POLICY

## **PURPOSE:**

It is the financial policy of the County to selectively use available capital in a way that will best serve our taxpayer's interest. We do this best by using our money to provide efficient services to the taxpayers, rather than using it to finance customer accounts receivable beyond regular terms, or accounts that are uncollectible.

To protect the taxpayer's best interest, the Board of Commissioners has adopted a general credit policy; and individual division policies where necessary. The following guidelines apply to all services provided by the Waste Management division:

#### **Interest:**

Compounding monthly interest will be charged to all accounts, excluding governmental agencies, for which a balance remains unpaid over thirty (30) calendar days at the annual rate equal to one half percent (0.5%) per month or six percent (6%) per annum. Periodically the interest rate will be reviewed to ensure that is not too high or too low.

## **Security:**

All licensed haulers, demolition contractors, and credit customers, excluding governmental agencies, must provide security on the total of the two highest months Waste Management Fees from the previous twenty four (24) months, as calculated by the County or a minimum of one hundred dollars (\$100), whichever is greater. If prior fee data is unavailable or if a customer's Waste Management Fees have significantly changed during the year, County staff may calculate the new required amount needed to secure two months of fees. The security can be in form of a letter of credit, advance deposit, or surety bond. By November 30<sup>th</sup> of each year, evidence of the security must be sent to the Finance Office at Public Works and must be effective, without qualifications, at a minimum, January 1 thru December 31 of the following year. Failure to supply evidence of the security by November 30<sup>th</sup> will result in the loss of credit on December 1<sup>st</sup> and all unpaid fees will be due by December 15<sup>th</sup> or the security will be invoked to collect on the unpaid balance.

## **Collection of Accounts:**

- A) The account is overdue thirty five (35) calendar days after the end of month during which the service was provided:
  - 1) <u>Customers that have gone overdue more than three (3) consecutive times may no longer receive credit privileges from the County without the approval of the Chief Financial Officer.</u>
  - 2) A reminder letter, email, or phone call is used and documented.
- B) At forty five (45) calendar days past the end of the month the service was provided:
  - 1) Credit may no longer be extended to the customer until the account is current. A written delinquency notice is sent.
- C) At fifty five (55) calendar days past the end of the month the service was provided:
  - 1) A second notice will be sent by certified mail, return receipt requested, notifying the customer that if payment is not received within 10 days the security deposit, letter of credit or bond will be invoked for the balance, and any remaining balance will be filed in small claims court and a judgment will be obtained.
  - 2) At sixty six (66) calendar days the security deposit, letter of credit, or bond will be invoked and any remaining balance s will be collected through conciliation court or a judgment filing. At the discretion of County staff, the delinquent fees may be turned over to a collection agency..
- D) If the customer does not pay the judgment, the Sheriff's Department Civil division will be used to collect.
- E) To protect public funds, in special circumstances as determined by the County, for example, a change or pending change of ownership or notice that a Customer will be ceasing business operations with no transfer of ownership, the County may
  - 1) bypass parts of or all of the collection actions in A) thru C) and,
  - 2) send a notice by certified mail, return receipt requested, notifying the customer their outstanding account balance is due within five (5) calendar days or the advanced deposit, letter of credit, or bond will be invoked for the balance, and,
  - 3) invoke the letter of credit, advanced deposit, or surety bond in order to collect on any outstanding balance not paid within the five (5) calendar days, and
  - 4) revoke the customer's credit privileges.

The customer may keep their credit account active if they provide a cash deposit to Olmsted County for the credit needed, as calculated by County staff, to pay for the estimated Waste Management Fees thru the period of the special circumstance.

F) As stated above, failure to supply evidence of the security by November 30<sup>th</sup> (for the following year's security) will result in the loss of credit on December 1<sup>st</sup> and all unpaid fees will be due by December 15<sup>th</sup> or the County will invoke the security to collect on the unpaid balance. If acceptable evidence of the security or its renewal has been supplied to the Finance Office by December 15<sup>th</sup>, credit will be reinstated and payment of any unpaid balance will follow the normal collection process.

Effective Date of Board Action: November 5, 1991

Changes effective: January 23, 1996, December 17, 2002, December 16, 2003, February 19, 2013, and February 18, 2014.

| ACORD® CERTIF   | ICATE O                                     | FINSU                            | JRANC                                      | E  | SSUE DATE      | (MM/DD/YY):       |
|---|---|----------------------------------|--|--|----------------|-------------------|
| PRODUCER  |   | CONFERS N                        | IO RIGHTS UPO                              | ED AS A MATTER OF<br>N THE CERTIFICATE<br>MEND, EXTEND OR A<br>ES BELOW. | HOLDER. TH     | HIS               |
|   |   |                                  | COMPANIE                                   | S AFFORDING  | COVERA         | GE                |
|   |   | COMPANY                          |  |  |                |                   |
|   |   | сомрануВ                         |  |  |                |                   |
| INSURED   | mminm)                                      | COMPANY                          |  |  |                |                   |
| Insured name should be the sar<br>on the Acceptable Waste Delive  | 7   | COMPANY                          |  |  |                |                   |
| and SW License application  | ery Agreement )                             | COMPANY                          |  |  |                |                   |
|   | <u>Uuuuuuu</u>                              | COMPANY                          |  |  |                |                   |
| COVERAGES  THIS IS TO CERTIFY THAT THE POLICIES OF IN   | CUDANCE LICTED DELC                         |                                  | ICCLIED TO THE L                           | NOUDED NAMED ADO   | VE FOR THE     | DOLICY DEDICE     |
| INDICATED, NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POLI | EMENT, TERM OR COND<br>N, THE INSURANCE AFF | OITION OF ANY (<br>FORDED BY THE | CONTRACT OR 01<br>E POLICIES DESC          | THER DOCUMENT WIT<br>RIBED HEREIN ARE SI                                 | H RESPECT      | TO WHICH THIS     |
| C0.<br>LTR. TYPE OF INSURANCE   | POLICY NUMBER                               | EFFECTIVE<br>DATE                | EXPIRATION DATE                            |  | LIMITS         |                   |
| GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY   | Gen. Liability                              | minimums:                        | $\mathcal{M}$                              | GENERAL AGGREGA PRODUCTS-COMP/C  |                | \$<br>\$          |
| CLAIMS MADE X OCCUR.  | \$500,000 per                               |                                  | 1  | PERSONAL & ADV. II   |                | \$                |
| OWNER'S & CONTRACTORS PROT.   | \$1,500,000 per                             |                                  | -1   | EACH OCCURRENCE  | =              | \$                |
|   | ( ψ 1,500,000 pe                            | ayyreyar                         | .e   | FIRE DAMAGE (Any C   |                | \$                |
| AUTOMOBILE LIABILITY  |   |                                  |  | MEDICAL EXP. (Any (  | One Person)    | \$                |
| ANY AUTOMOBILE  | <b>~</b> ^ *                                |                                  | _  | COMBINED SINGLE I  | LIMIT          | \$                |
| ALL OWNED AUTOMOBILES   | SAN   |                                  | -  |  | <del>~~~</del> | ~~~~              |
| SCHEDULED AUTOMOBILES   |   | VII L                            |  | Auto Liability   |                | ns:               |
| HIRED AUTOMOBILES   |   |                                  |  | \$500,000 per  | · occurre      | nce               |
| NON-OWNED AUTOMOBILES GARAGE LIABILITY  |   |                                  |  | \$1,500,000 p  |                | -1                |
| OAKAGE EIABIETT   | $\leftarrow$                                |                                  |  | Caraca   | رد د د د د د د | السسا             |
| EXCESS LIABILITY  |   |                                  |  | EACH OCCURRENCE  |                | \$                |
| UMBRELLA FORM   |   |                                  |  | AGGREGATE  |                | \$                |
| OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND   | ~~~~~~~~                                    | ****                             | ****                                       | DRY LII  | MITS           |                   |
| EMPLOYERS' LIABILITY  | Work Comp/Ei                                | mployer's l                      | ₋iability: In                              | NT NT  | WITO           | <b>  \$</b>       |
|   | accordance wi                               | th State of                      | MN require                                 | ments JLICY L  | IMIT           | \$                |
|   | Cumun                                       | ······                           | سنسس                                       | Tronson CH EN  | IPLOYEE        | \$                |
| OTHER   |   | mm                               | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~     | لبلي   |                |                   |
|   | me Olmsted Co                               | •                                |  | rea, }   |                |                   |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | icating nature of                           | the projec                       | t.   | 3  |                |                   |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC   | CLES/SPECIAL ITEMS:                         |                                  |  |  |                |                   |
| Olmsted County is named as add  | ditional insured (                          | except for                       | Workers' Co                                | omp/EL) where  | and to the     | ne extent         |
| required by written contract.   |   |                                  |  |  |                |                   |
| CERTIFICATE HOLDER  |   |                                  |  |  |                |                   |
|   |   |                                  |  | OVE DESCRIBED POLICE THEREOF, THE ISSUIN                                 |                |                   |
| Olmsted County  |   | TO MA                            | ${\downarrow\!\!\!\downarrow}30$ days writ | TTEN NOTICE TO THE C   | ERTIFICATE H   | OLDER NAMED       |
| 2122 Campus Dr SE #200  |   | TO TH                            | E LEFT, BUT FAIL                           | URE TO MAIL SUCH NO<br>Y OF ANY KIND UPON T                              | TICE SHALL IN  | MPOSE NO          |
| Rochester, MN 55904   |   |                                  | ESENTATIVES.                               | I OI ANI KIND UPON I   | TIL GOIVIFAIN  | I, IIO AGLINIO UR |
|   | ~~~~~~                                      | AUTH                             | ORIZED REPRESEN                            | NTATIVE:   |                |                   |
| Name Olmeted County on  | 30 day                                      | }                                |  |  |                |                   |
| Name Olmsted County as  | minimum                                     | }                                |  |  |                |                   |
| Certificate Holder 1  | · · · · · · · · · · · · · · · · · · ·       | <del>)</del>                     |  | ACC  | ORD CORPO      | RATION 1990       |

Olmsted County Environmental Resources 2122 Campus Dr SE #200 Rochester, MN 55904

RE: Employer Training Declaration regarding OWEF Tipping Floor Access Policy

## To Olmsted County:

As part of the requirements of the Olmsted Waste to Energy Facility (OWEF) Tipping Floor Access policy, this certification is being provided to you.

As an employer, we understand we are required by Minnesota Statute 182.653 to provide our employees with training, personal protective equipment, and any other hazard controls to allow our employees to work safely. As users of Olmsted County solid waste facilities, we understand Olmsted County has the duty to provide information to our company about the hazards associated with their solid waste facilities, any necessary controls to the hazards, and procedures to mitigate them. This information has been provided by Olmsted County to us to fulfill our duty to train and equip our own employees, contractors, or subcontractors. Olmsted County has provided our company with the current electronic-format informational materials that outline safe tipping floor procedures, required personal protective equipment, and the safety equipment installed at the OWEF facility. This material will be used in our safety training for our employees (including new employees) who may have access to the OWEF tipping floor and, if applicable, will be provided to our contractors or subcontractors who may need access to the OWEF tipping floor on our behalf.

I also certify that all drivers who collect and deliver Solid Waste to Olmsted Facilities have been trained on procedures for declaring the origin of all Solid Waste delivered to the Facilities.

| Signature:    | Title: | Date: |  |
|---------------|--------|-------|--|
| Printed name: |        |       |  |
| Company Name: |        |       |  |