



QRO Operator Certification Transfer Application

Applicant: _____
Facility: _____

Application for Renewal of:
Chief Facility Operator
Shift Supervisor

Operator Certificate Number: _____
Provisional Certificate Number: _____
Phone: _____
Email: _____

Expiration Date: _____
Expiration Date: _____

Facility Contact/Supervisor:

Name: _____
Title: _____

Phone: _____
Fax: _____
Email: _____

Documentation of satisfactory experience at the level of Chief Facility Operator or Shift Supervisor at the original facility:

Job Title	From (mm/yy)	To (mm/yy)
_____	_____	_____
_____	_____	_____

Select one of the following:

Transfer by written submission:

The applicant:

1. **Must submit the application within 60 days of employment at the new facility.**
2. Shall attest that employment at the original facility was not interrupted by more than 6 months during the validity of the certification.
3. Must establish that the technology at the new facility is similar to that at the original facility by completing the enclosed Technology Checklist (C1.50E). If any of the checklist elements indicate a difference in technology, the applicant shall provide documentation of associated training in each such technology element, using the included Form A. Approval of such request for transfer of certification is subject to acceptance by the QRO Subcommittee on Certification.

Transfer by Retest:

If demonstration of similar facility technology cannot be established by written submission, transfer will not be achieved. A new site-specific test will be required. Prerequisites for the test are: 6 months experience at the Municipal Solid Waste Combustion Facility in the capacity of shift supervisor or chief facility operator.

Duties & responsibilities: Describe (attach additional sheets if necessary):

To be completed for **Chief Facility Operators:**

The applicant's employment was not interrupted by more than 6 months during the validity of the certification at the original facility.

The applicant is a Chief Facility Operator in direct charge and control of the operation of this municipal solid waste combustion facility and is responsible for, but not limited to the overall on-site supervision, technical direction, management and performance of this facility as described below:

YES NO*

overall operation, maintenance and performance of this facility

operation in accordance with established facility policies and procedures

assures facility personnel are qualified and certified as required and trained when applicable federal, state and local environmental regulations, or plant technology, plant policies, or plant procedures are changed

assures facility operation is consistent with applicable federal, state and local environmental requirements

communicates with regulatory agencies

assures policies and procedures for proper and safe plant operations are formulated and updated periodically

To be completed for **Shift Supervisors:**

The applicant's employment was not interrupted by more than 6 months during the validity of the certification at the original facility.

The applicant is a Shift Supervisor in direct charge and control of the operation of this municipal solid waste combustion facility during an assigned shift as described below:

YES NO*

supervises, trains and monitors performance of personnel during an assigned shift

maintains records of facility operations, including operational changes, abnormalities, and reports to the chief facility operator

authorizes issuance of work orders for equipment repair and maintenance

assures that the facility is consistently operating with the applicable federal, state and local environmental requirements

monitors operations in accordance with established facility policies and procedures

undertakes actions to correct upsets or emergencies

assures a safe workplace

communicates operational status of the plant with the relieving shift supervisor at shift turnover

*Explain any "NO" responses below:

The undersigned warrant that the above information is true.

Applicant's Signature

Date

Supervisor's Signature

Date



QRO OPERATOR TRANSFER TECHNOLOGY CHECKLIST

The QRO Operator Technology Checklist must be completed and returned to ASME with each application for Operator transfer. The checklist is used to establish if the technology at the new facility is similar to the technology in place at the original facility and to determine if re-testing is required.

INSTRUCTIONS:

1. Complete the Transfer Application Form (C1.50E).
2. Complete the information requested on the Technology checklist. Where technology differences are noted, re-testing will be required.
3. Submit the Transfer Application, this Technology Checklist, and Form C1.2 (Photographs) to ASME.
4. A successfully transferred certificate will be issued for 5 years.

Applicant Name: _____

ASME Operator Certificate No.: _____

Original Facility _____

New Facility _____

Date of employment at new facility: _____

	Original Facility Technology at the time of most recent certificate issuance:	New Facility Technology at time of new employment
1. GENERAL		
Facility years in operation		
No. of Waste Combustion Units & TPD each		
2. FUEL(S) BURNED		
Municipal Solid Waste (MSW), % Input		
Refuse Derived Fuel (RDF), % Input		
None or Other, % Input		
3. COMBUSTION EQUIPMENT		
Stoker		
Rotary Kiln		
Fluid Bed		
None or Other (describe)		
4. HEAT RECOVERY EQUIPMENT		
Water-cooled Furnace Walls		
None or Other (describe)		

	Original Facility Technology at the time of most recent certificate issuance:	New Facility Technology at time of new employment
5. POWER GENERATION EQUIPMENT		
Steam Turbine / Generator		
None or Other (describe)		
6. COMBUSTION CONTROL		
Manual or Automatic		
O ₂ and CO indication		
Auxiliary Fuel Burners (Nat. Gas, Oil, Other)		
None or Other (describe)		
7. NOx CONTROL		
SNCR – Ammonia or urea injection		
SCR – Selective Catalytic Reduction		
None or Other (describe)		
8. MERCURY CONTROL		
Activated Carbon Injection		
None or other (describe)		
9. ACID GAS CONTROL		
Spray Dryer Absorber (SDA) - Lime Slurry Injection		
Dry Lime Injection (describe)		
None or Other (describe)		
10. PARTICULATE CONTROL		
Fabric Filter (Baghouse)		
Electrostatic Filter Precipitator		
None or Other (describe)		
11. CONTINUOUS MONITORING SYSTEM		
O ₂		
CO		
NOx		
Sox		
HCL		
None or Other (describe):		
Examples include: Multi-metals, Opacity, Methane/HC, Ammonia slip, Furnace Gas Temp		

	Original Facility Technology at the time of most recent certificate issuance:	New Facility Technology at time of new employment
12. WASTEWATER DISCHARGE CONTROL		
Process Discharge Allowed to POTW		
Direct Discharge to Stream (NPDES)		
None or Other (describe)		
13. ASH RESIDUE TREATMENT		
Physical or Chemical Stabilization		
None or Landfilled		

I certify the above statements are true and correct to the best of my knowledge.

Applicant's Name (print): _____

Applicant's Signature: _____ DATE: _____

Chief Facility Operator (CFO) (new facility) Name (print): _____

As Chief Facility Operator, I have verified the New Facility information.

Signature: _____ DATE: _____

ASME QRO Certificate number (CFO): _____

(For a CFO candidate, it may be necessary for an administrative management executive to sign-off on this.)

ASME Administration Notes (for use by ASME staff only)		
Determination:		
<u>Yes</u>	<u>No</u>	<u>Topic</u>
		Application Complete
		Similar Technology Indicated
		Issue Transfer Certificate with new date of expiration: / /
Managers Signature: _____		
Date: _____		
Comments:		

FORM A: Documentation of training for differences in technology

This form shall be submitted for each element on the QRO Operator Transfer Checklist where a difference in technology is indicated. A difference in technology on the ASME QRO Transfer Checklist is not equivalent to the US EPA definitions for Clean Air compliance stated in 40CFR60. Approval of such request for transfer of certification is subject to acceptance by the QRO Subcommittee on Certification. **Use a separate Form A for each Technology Element difference.**

Operator name: _____
Certificate #: _____
Exp. date: _____

1. Technology Element from ASME QRO Operator Transfer Checklist (e.g. Particulate Control)
Describe the technology element at the new facility as it differs from the technology at the original facility.

2. Provide details of training:

2.1 Provided by: _____

2.2 Dates of training _____

2.3 Hours of training _____

3. Index of Proficiency (Indicate which of the following was included in the training.)

Written test

Oral test

Practical test

CFO Statement:

ASME relies on the individual resource recovery facilities to maintain a record of training on-file. As CFO, I hereby certify that the above statements are truthful and accurate. I consider the named operator to be adequately trained in the Technology Element described herein and can produce suitable documentation of the above statements if required.

CFO name (print): _____

CFO signature: _____

CFO Certificate # if available: _____ Exp. date: _____

Fees for QRO Operator Transfer Applicant:

The transfer fee is \$486.

Methods of payment:

Credit Card: Complete the application and click the 'Purchase Now' link. After your payment is approved, you will be issued an order number. Please enter your order number on page one where indicated. Save your completed application and submit it to ASME via email, fax or mail.

email: certification@asme.org

fax: 1-212-591-8502

Order number: _____

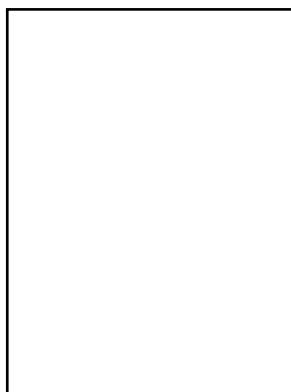
Check or money order: Complete application and mail with payment to:

Mail:

ASME Personnel Certification
Processing Department
150 Clove Road, 6th Floor
Little Falls, NJ 07424-2139

Photo

Please enclose one passport photo to be used for your certification card. If you are submitting this application via email, you may submit a JPEG file to meet this requirement.



Applicant Name