

Application form for
Continuing Education Course Credit for
Solid Waste Management Facility Operators and Spotters in Florida

Name: _____
Title/Position: _____
Facility Name: _____
Address: _____
City State Zip
Phone: () _____
Email: _____
(Required)

Event Name: **Southeast Recycling Conference & Trade Show (SERC 2018)**
Date: **March 6-9, 2018 - Orlando, FL**
Event #: **988**
Provider: **Southern Waste Information Exchange, Inc [SWIX]**

I have taken the required initial training for the type operator hours indicated below. Please apply these contact hours to my transcript:

Classification	Hours Approved	SERC Representative Signature
<input type="checkbox"/> Landfill/C&D	2	_____
<input type="checkbox"/> TS	2	_____
<input type="checkbox"/> MRF	6	_____
<input type="checkbox"/> Spotter	0	_____

The signature of the SERC Representative is mandatory and affirms your attendance for the event.

Please send: Scan / Email to djenkins@treeo.ufl.edu or Fax 352/392-6910 (no cover sheet needed)

- Please check you transcript within 10 days for the update.

Questions - contact:
Dawn Jenkins
djenkins@treeo.ufl.edu
University of Florida TREEO Center
352/392-9570, ext 227