



**SALT APPLICATOR CERTIFICATION
APPLICATION FOR INITIAL OR RENEWAL
CERTIFICATION**
Watershed Management Bureau



RSA 489-C; Env-Wq 2200



NHDES Use Only
Cert #: _____
Processed Date: _____

I. Applicant Information

FIRST NAME: _____	MIDDLE: _____	LAST: _____
DAYTIME PHONE NO. (include area code): _____		EMAIL: _____

Address

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIP CODE: _____

Mailing Address (if different)

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIP CODE: _____

II. Information for Affiliated Business (if none, enter "none" after Business Name)

BUSINESS NAME: _____	
DAYTIME PHONE NUMBER (include area code): _____	EMAIL: _____

Address

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIP CODE: _____

Mailing Address (if different)

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIP CODE: _____

III. Applicant's relation to the business identified in Section II (check only one):

- Applicant is the business owner.
- Applicant is an employee of the business.
- Applicant contracts with the business.

IV. Applicant is seeking (check only one):

Initial Certification

- A **Master** certificate (check **only** if you are the owner or chief supervisor accepting responsibility for training and reporting on behalf of applicators certified under your master certificate).
- An **Individual** certificate.
- A **Subordinate** certificate under the master certificate held by: _____.

Renewal Certification

- A **Master** certificate (check **only** if you are the owner or chief supervisor accepting responsibility for training and reporting on behalf of applicators certified under your master certificate).
- An **Individual** certificate.
- A **Subordinate** certificate under the master certificate held by: _____.

V. Identify each type of apparatus that is used, or will be used, by the applicant to apply salt or salt alternative (check all that you use or plan to use).

- Ground Speed Oriented Spreader.
- Standard Spreader, Hydraulic-Run.
- Standard Spreader, Pony Motor.
- Zero Velocity Spreader.
- Pre-wetting Spreader (w/ saddle tanks).
- Electric Spreader.
- Other:

Liquid Spreader (*select type*):

- Spinner Type.
- Distributor Bar with Nozzles.
- Chassis Mounted.
- Slip-in.
- Tow-behind.

How often is the spreader calibrated? (check only one)

- Annually
- Monthly
- Once, prior to first use
- Other:

VI. Identify each type of deicing/anti-icing materials used, or will be used, by the applicant.

- Salt, dry.
- Salt, pre-wetted in the spreader.
- Salt, pre-wetted in the pile.
- Calcium chloride, dry.
- Calcium chloride, liquid.
- Other:
- Calcium magnesium acetate, dry.
- Calcium magnesium acetate, liquid.
- Potassium acetate, dry.
- Potassium acetate, liquid.
- Sand.

VII. Documentation (For RENEWAL Applications Only):

- I have attached my annual salt use report.
- I hold a Master Certificate and have attached a list of commercial applicators who applied salt under my supervision in the preceding year.

VIII. Fee Payment (check all that apply):

- I have included a \$150 fee for an **Individual** certificate.
- I have included a \$250 fee for a **Master** certificate.
- I have included a \$25 payment for (print number) _____ of **Subordinate** certificates for a total of \$ _____ .
(Maximum payment for Subordinates is \$100).

IX. Statement Required for Renewals:

- I currently hold a valid certification as a salt applicator and have not acted or failed to act in any way that would constitute just cause to revoke the certification.

X. Applicant's signature and acknowledgement

I hereby certify that the information provided on or with this application is true, complete, and not misleading to the best of my knowledge. I understand that submitting false, incomplete, or misleading information may result in a denial of my application or the revocation of any certification that is issued based on that information, and that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.

I also understand that certification is subject to renewal annually and is contingent upon my successful completion of continuing education requirements and submittal of annual reports.

AUTHORIZED SIGNATURE: <input style="width: 90%;" type="text"/>	PRINT NAME LEGIBLY: <input style="width: 90%;" type="text"/>	DATE: <input style="width: 90%;" type="text"/>
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