



**MUNICIPAL WINTER MAINTENANCE CERTIFICATION
APPLICATION FOR INITIAL OR RENEWAL
CERTIFICATION**
Watershed Management Bureau



RSA 489-C; Env-Wq 2207



<p>NHDES Use Only</p> <p>Cert #: _____</p> <p>Processed Date: _____</p>
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I. Municipality Information

TOWN/CITY: _____	
DAYTIME PHONE NO. (include area code): _____	OFFICE EMAIL: _____
NAME OF PRIMARY CONTACT: _____	JOB TITLE OF PRIMARY CONTACT: _____

Address

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

Mailing Address (if different)

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

II. Snow Boss Information

FIRST NAME: _____	LAST NAME: _____	JOB TITLE: _____
DAYTIME PHONE NUMBER (include area code): _____		EMAIL: _____

III. Applicant is seeking (check only one):

Initial Certification

- A **Standard** certificate.
- An **Advanced** certificate.
- An **Expert** certificate.

Renewal Certification

- A **Standard** certificate.
- An **Advanced** certificate.
- An **Expert** certificate.

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

- | | |
|--|--|
| <input type="checkbox"/> Ground Speed Oriented Spreader. | <input type="checkbox"/> Pre-wetting Spreader (with saddle tanks). |
| <input type="checkbox"/> Standard Spreader, Hydraulic-Run. | <input type="checkbox"/> Electric Spreader. |
| <input type="checkbox"/> Standard Spreader, Pony Motor. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Zero Velocity Spreader. | Liquid Spreader (select type): _____ |

- Spinner Type.

 Slip-in.
- Distributor Bar with Nozzles.

 Tow-behind.
- Chassis Mounted.

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

- Annually Monthly Once, prior to first use Other:

V. Identify each type of deicing/anti-icing materials used, or will be used, by the applicant (check all that apply).

- Salt, dry.

 Other:
- Salt, pre-wetted in the spreader.

 Calcium magnesium acetate, dry.
- Salt, pre-wetted in the pile.

 Calcium magnesium acetate, liquid.
- Calcium chloride, dry.

 Potassium acetate, dry.
- Calcium chloride, liquid.

 Potassium acetate, liquid.
- Sand.

VI. Identify each of the Best Management Practices that are implemented, or will be implemented, by the applicant - For Advanced and Expert Applicants Only (check all that apply).

Advanced certification: check two or more. Expert certification: check four or more.

- Prewetting.

 Electronic spreaders which lock in specific application rates.
- Roadway Anti-Icing (pre-treatment).

 Surface temperature measurements.
- Active Edge Plows (AEPs).

 Increased frequency of equipment calibration.
- Automatic Vehicle Location (AVL).

 Advance documentation of application rates.
- Other:

Advanced certification: check two or more. Expert certification: check four or more.

- Advanced documentation of weather and storm conditions.

 Designation of low salt and/or no salt zone(s).
- Winter road maintenance plan.

 Level of service summary.
- Preseason hazard assessment.

 Additional training completed by Snow Boss.
- Preseason and post-season meetings.

 Other:

VII. Documentation

Initial Certification

- I have attached a salt reduction plan.

Renewal Certification




- I have attached an annual salt use report.
- I have submitted a salt reduction plan within the past five years or have attached an updated plan.
- I hold an advanced or expert certification and have attached an annual self-audit report.

VIII. Fee Payment

- I have included a \$450 fee for a Municipal Winter Maintenance certificate.

IX. Signature and acknowledgement

I am an employee of a governmental unit and certify that the information provided on or with this application is true, complete, and not misleading to the best of my knowledge. The certification is subject to renewal annually and is contingent upon both successful completion of continuing education requirements and submittal of annual reports.

AUTHORIZED SIGNATURE: 	PRINT NAME LEGIBLY: 	DATE: 
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