



Salt Applicator Certification

Application for Initial or Renewal Certification
Watershed Management Bureau



RSA 489-C; Env-Wq 2200



DES Use Only
Cert #: _____
Processed Date: _____

I. Applicant Information

FIRST NAME: _____	MIDDLE: _____	LAST: _____
DAYTIME PHONE NO. (include area code): _____		E-MAIL : _____

Address

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIPCODE: _____

Mailing Address (if different)

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIPCODE: _____

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

BUSINESS NAME: _____	
DAYTIME PHONE NUMBER (include area code): _____	E-MAIL : _____

Address

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIPCODE: _____

Mailing Address (if different)

STREET: _____	
TOWN/CITY: _____	
STATE: _____	ZIPCODE: _____

III. Applicant's relation to the business identified in Section III (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
- An individual 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
- An individual 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

I have attached documentation showing that I have successfully completed:

- an approved training program for initial certification within the previous 2 years; or
- an approved training program for initial certification within the previous 5 years **and** an approved training program for renewal within the previous 2 years.

For Renewal Applications Only:

- I have submitted my annual salt use report at www.roadsalt.unh.edu/Salt/
- I hold a Master Certificate and have attached a list of commercial applicators who applied salt under my supervision in the preceding year.

VIII. 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.

IX. 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: _____	PRINT NAME LEGIBLY: _____	DATE: _____
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