

CERTIFICATION

LABOR TRANSITION PLAN

The undersigned certifies as follows:

1. I am the operator¹ of the _____ (name of solid waste landfill). On this date, I have filed or caused to be filed a *Labor Transition Plan* pursuant to Section 43501.5(a) of the Public Resources Code with the Enforcement Agency for said landfill.
2. The *Labor Transition Plan* includes:
 - a. Provisions that ensure, subject to any requirements already established pursuant to a collective bargaining agreement(s), preferential reemployment and transfer rights of displaced employees to comparable available employment with the same employer for a period of no less than one year following closure of the solid waste facility. "Comparable employment" means the same or a substantially similar job classification at equal or greater wage and benefit levels in the same geographic region of the state.
 - b. Provisions to provide displaced employees assistance in finding comparable employment with other employers.
 - c. Provisions to ensure compliance with all applicable provisions of Chapter 4 (commencing with Section 1400) of Part 4 of Division 2 of the Labor Code.
3. The provisions of paragraph 2 above will be implemented subject to any requirements already established under a collective bargaining agreement(s).

I certify under penalty of perjury that the above information is true and accurate.

Operator

Signature

Date

Print Name

Title

¹ Pursuant to Title 27, California Code of Regulations, Section 20164, "operator" is the landowner or other person legally responsible to the State for, among other things, obtaining a solid waste facilities permit for the site, operating the solid waste facility, closing the facility and maintaining it during the postclosure period.