



BILL RICHARDSON  
GOVERNOR

STATE OF NEW MEXICO  
ENVIRONMENT DEPARTMENT  
SURFACE WATER QUALITY BUREAU  
UTILITY OPERATORS CERTIFICATION PROGRAM

[www.nmenv.state.nm.us/swqb/fot](http://www.nmenv.state.nm.us/swqb/fot)  
P.O. Box 5469  
Santa Fe, New Mexico USA 87502  
Telephone (505) 827-2804  
Fax (505) 827-0160



RON CURRY  
CABINET SECRETARY

## OUTLINE FOR SUBMITTAL OF OPERATOR TRAINING CREDITS

- NAME OF PROVIDER
- DATE OF TRAINING
- LOCATION
- CONTACT NAME & PHONE NUMBER
- NUMBER OF HOURS (specify if water, wastewater, or 'other' and define 'other')
- SPECIFY CATEGORY (i.e., sampling & reporting) and LEVEL and NUMBER (from study guide/need to know)
- AGENDA/DETAILED OUTLINE (by hour) INCLUDE START & END TIMES
- INSTRUCTOR NAME
- OPERATOR NAME (typed or clearly printed)
- OPERATOR SIGNATURE
- SOCIAL SECURITY ACCOUNT NUMBER (SSAN) OR OPERATOR IDENTIFICATION NUMBER (OID#) (if Training Credits are desired)

**A CERTIFICATE OF ATTENDANCE  
PROVIDED TO THE OPERATOR IS SUGGESTED**

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