



Office Use:
State 1: _____
State 2: _____
UOCAD: decision
<input type="checkbox"/> Appr. <input type="checkbox"/> Rejc.

New Mexico Water Quality Control Commission

RECIPROCITY Application Utility Operator Certification

Visit our website @ www.nmenv.state.nm.us/swqb/FOT/

All information is required for us to approve your application; incomplete or illegible applications will be returned without being processed! Please remember to sign the application. If you have any questions please feel free to call us at (505) 827-2804 .

PLEASE TYPE OR PRINT LEGIBLY IN INK!

A. Name and address

Name _____ Birth date _____ / _____ / _____
Last First Middle Month Day Year

Mailing Address _____ Home Phone: (____) _____

City _____ State _____ Zip _____ Work Phone: (____) _____

Soc. Sec. No. _____ / _____ / _____ Note: If you use a substitute ID number, it must match the ID you use on all other certification and training records. E-mail Address _____

B. Type(s) and class(es) of NM certification sought

Check the box(es) indicating the type and class(es) you wish to obtain by reciprocity

Water Systems	Wastewater Systems	Collection Systems
<input type="checkbox"/> Small Water	<input type="checkbox"/> Small Wastewater	<input type="checkbox"/> Collection Systems 1
<input type="checkbox"/> Advanced Small Water	<input type="checkbox"/> Advanced Small Wastewater	<input type="checkbox"/> Collection Systems 2
<input type="checkbox"/> Water Systems 1	<input type="checkbox"/> Wastewater Systems 1	Distribution Systems
<input type="checkbox"/> Water Systems 2	<input type="checkbox"/> Wastewater Systems 2	<input type="checkbox"/> Distribution Systems 1
<input type="checkbox"/> Water Systems 3	<input type="checkbox"/> Wastewater Systems 3	<input type="checkbox"/> Distribution Systems 2
<input type="checkbox"/> Water Systems 4	<input type="checkbox"/> Wastewater Systems 4	<input type="checkbox"/> Distribution Systems 3

C. Certification presently held: State _____

Type _____ Class _____ Number _____ Expiration Date _____

Type _____ Class _____ Number _____ Expiration Date _____

Certification was issued by Examination Reciprocity from (state) _____

Certification program was Mandatory Voluntary

Attach a copy of each current certificate

D. Education **Office use:** HS DABCC Attached On File

Elementary, High School, Secondary School or GED program: *Include a copy of your High School Diploma or GED certificate. Check all that Apply!*

High School Graduate? Yes No GED Certificate? Yes No B.A./B.S? Yes No M.A./M.S? Yes No

Office Use:

Water Experience: _____ Yr. _____ Mo. as of ____/____/____ Appr. Rejc. By: _____

Waste Experience: _____ Yr. _____ Mo. as of ____/____/____ Appr. Rejc. By: _____

Training Credits: _____ Needs: _____

Reciprocity Fee Submitted: Yes No Amount: _____ Received/Reviewed By: _____

E. Experience>> *Follow instructions carefully to avoid a rejected application* <<

Begin with your present or most recent position and work back. List and describe all experience you have involving water/wastewater operations and maintenance (O&M) activities; be sure to list the dates and how long you were in the position. Describe your actual duties & degree of responsibility related to utility system O&M, **in your own words**. Include the water system ID number, NPDES permit number or Groundwater Discharge Permit number of the facility where you now work. If you need more space, attach additional pages.

Present or most Recent position:

Name of facility		<input type="checkbox"/> Water system		<input type="checkbox"/> Distribution	
		<input type="checkbox"/> Wastewater facility		<input type="checkbox"/> Collections	
Owner of facility (company or municipality)		System ID or Discharge Permit Number			
Facility Address		Supervisor's name & phone			
Dates in position		Time in Position		Your present title & Level of Certification	
From:	To:	Yr.:	Mo.:		
Describe your specific water/wastewater O&M duties in this position in your own words:					
Name of facility		<input type="checkbox"/> Water system		<input type="checkbox"/> Distribution	
		<input type="checkbox"/> Wastewater facility		<input type="checkbox"/> Collections	
Owner of facility (company or municipality)		System ID or Discharge Permit Number			
Facility Address		Supervisor's name & phone			
Dates in position		Time in Position		Your title & Level of Certification	
From:	To:	Yr.:	Mo.:		
Describe your specific water/wastewater O&M duties in this position in your own words:					

F. Training Credits: *Attach a copy of each certificate*

Name of training course or school	Location	Date(s) attended		Subject taken	Total hours of training	Office use
		From	To			
_____	_____	_____	_____	_____	_____	

H. Certificate of Applicant:

I hereby certify that the information presented in this application is true and complete to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, my application may be rejected and any certification received as a result of this application may be revoked.

Date: _____ Signature:  _____

Application cannot be processed without original signature. Photocopied signatures and faxed applications will not be accepted. Mail this application to:

**Utility Operators Certification Program
 NMED Surface Water Quality Bureau
 P.O. Box 5469
 Santa Fe, New Mexico 87502**

A \$25.00 FEE PER CERTIFICATE IS REQUIRED UPON APPROVAL

DO NOT SEND PAYMENT UNTIL YOU ARE NOTIFIED THAT YOUR APPLICATION HAS BEEN APPROVED.