



STATE OF NEW MEXICO

Environment Department

MICHELLE LUJAN GRISHAM, GOVERNOR

James C. Kenney, Cabinet Secretary

Utility Operator Certification Program DRINKING WATER BUREAU

Pay by Check or Money Order Form

Full Name: _____
(please print)

Operator number *(if applicable)*: _____

Date of Payment: _____

Payment Amount: _____

Paid By: _____

Purpose of Payment: *(check all that apply)*

Exam: ☐ \$ _____

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(Mailed Exam or Renewals paid by Money order or Check must include this form with payment)