



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

Applicant Name 1: _____ Operator no.: _____
(please print) (if applicable):

Applicant Name 2: _____ Operator no.: _____
(please print) (if applicable):

Date of Check: _____

Check no.: _____

Payment Amount: _____

Paid By Name: _____

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

Exam: \$ _____ Name: _____

Renewal: \$ _____ Name: _____

Equivalency: \$ _____ Name: _____

Category and Level of Exam/Renewal 1: _____

Category and Level of Exam/Renewal 2: _____

Payments made payable to: **Utility Operator Cert. Program/NMED**

Mailed Attn to: **UOCP-NMED at PO Box 5469 Santa Fe, NM 87502**

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