

**Environment Department****MICHELLE LUJAN GRISHAM, GOVERNOR**

James C. Kenney, Cabinet Secretary

**UTILITY OPERATOR CERTIFICATION
Drinking Water Bureau****EXAM APPLICATION****Mail signed Exam Application and Payment to:****NMED Utility Operator Certification Program****PO BOX 5469****Santa Fe, New Mexico 87502-5469****Quick reference checklist regarding application requirements below****Prior to mailing your exam application, make sure you have completed the following:**

Include

- Your date of birth (pg. 2)
- Your operator ID or ONLY first-time examinees are to include SSN (pg. 2)
- Email Address (*All confirmations will be sent electronically to the email provided*)

Indicate

- Which exam(s) you wish you take. (pg. 3)

Attach

- High School or College Diploma and/or educational transcripts
- Copies of training completion certificates

Describe

- Your actual water or wastewater experience. Provide specific details about your job duties/responsibilities. Include your beginning and ending dates for all experience listed in this application. Employer scope of duties cannot be substituted for actual experience. Incomplete descriptions on exam applications will automatically be rejected. (pg. 4)

COMPLETE

- BOTH Your signature and the Supervisor signature are **required** on the application. (pg. 4)
- Applications are to be signed and dated. (pg. 4)
By the signing this application you and your supervisor attest to this information being true and accurate.

PAYMENT

- Include your check or money order payable to **NMED-Utility Operator Certification Program mailed to PO Box 5469, Santa Fe NM 87502-5469**

OR**Pay ONLINE** (*see important notice below*)

***IMPORTANT Notice – BEFORE you can proceed with your online payment**, a UOCP staff member will process a receipt of your application and send to you an email notification confirming the Exam details and the Fees Due. As soon as you receive this email notification, your Fees **must** be paid **within 3-days** OR your application **will** be **rejected**. **ALL Application Fees are non-refundable and non-transferable.**

Incomplete and/or unsigned applications will be Rejected



UTILITY OPERATOR CERTIFICATION PROGRAM

Drinking Water Bureau

PO Box 5469, Santa Fe, NM 87502-5469

IMPORTANT NOTE

Please carefully read instructions below

First time applicants completing this exam application will need to provide a **social security number** to establish a NM Operator ID number. After you have completed the application form, review each section carefully. Make sure that all information is correct and that all required documentation is included at time of submission of the application (*diploma/educational transcripts and training credits*).

IF any information is missing or is illegible, your application will be rejected and returned to you. Only one exam will be permitted per each application.

Signatures by both you and your supervisor are required on this application. By the signing this application you and your supervisor attest to this information being true and accurate.

Please refer to NM Utility Operator Certification Regulations **NMAC 20.7.4.12 and NMAC 20.7.4.13** to determine the certification level required to operate each type of water and wastewater facility. Experience and training requirements for certification noted in the chart below:

Certificate Levels	Required Years Operator Experience	Training Credits Required	Certification Levels include Water, Wastewater, Collection, Distribution, and Wastewater Laboratory UOCP Regulation Definitions (20.7.4.7) NMAC ... K. "experience": means actual work experience, full or part-time, as an operator in the fields of public water or public wastewater treatment; work experience in a related field may be accepted at the discretion of the department. M. "operator": any person who operates a public water supply system or public wastewater facility. T. "Training": means approved education or non-academic training in the fields of public water supply system or public wastewater facility operation. U. "Training credits": means the amount of credit earned by a participant in a training program. *High School diploma or GED/HISet <u>are</u> required for all levels.
Water Sample Technician 1	0	05	
Water Sample Technician 2	0	10	
Small Systems (under 500 population)	1	10	
Advanced Small Systems (under 500 population)	1	10	
Level 1	1	10	
Level 2	2	30	
Level 3	4	50	
Level 4	1 year as a Class 3 certificate holder	80	

Please PRINT legibly in blue/black ink, complete all required information below.

APPLICANT INFORMATION

Last Name		First		M.I.		D.O.B	/	/
<input type="checkbox"/> Address Check box if New								
<input type="checkbox"/> Personal Email Address Check box if New								
City		State		Zip				
<input type="checkbox"/> Home/Cell Phone Check box if New		Work Phone		County				
NM Operator ID	NM _____	First time applicants ONLY Social Security No.			-		-	

EXAMINATION TYPE AND LEVEL

Select **ONLY 1 EXAM** per each application.

WATER SYSTEMS			APP FEE	WASTEWATER SYSTEMS			APP FEE
<input type="checkbox"/>	SMALL WATER (SW)		\$25.00	<input type="checkbox"/>	SMALL WASTEWATER (SWW)		\$25.00
<input type="checkbox"/>	ADVANCED SMALL WATER (SWA)		\$25.00	<input type="checkbox"/>	ADVANCED SMALL WASTEWATER (SWWA)		\$25.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 1 (WS1)		\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 1 (WW1)		\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 2 (WS2)		\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 2 (WW2)		\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 3 (WS3)		\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 3 (WW3)		\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 4 (WS4)		\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 4 (WW4)		\$30.00
<input type="checkbox"/>	WATER SAMPLE TECH 1 (WST1)		\$25.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 1 (WWLT1)		\$25.00
<input type="checkbox"/>	WATER SAMPLE TECH 2 (WST2)		\$25.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 2 (WWLT2)		\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 1 (DS1)		\$30.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 3 (WWLT3)		\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 2 (DS2)		\$30.00	<input type="checkbox"/>	COLLECTIONS SYSTEMS 1 (CS1)		\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 3 (DS3)		\$30.00	<input type="checkbox"/>	COLLECTIONS SYSTEMS 2 (CS2)		\$30.00

EXAM CONFIRMATION - Upon final approval of this application you will receive a confirmation sent to your email to schedule your exam. You will be given contact information for the Testing Center at the *Dept. of Workforce Solutions (DWS)* to coordinate a date, time and location for your exam.

All exam application fees must be paid per NMAC 20.7.4.21 - Fees. Please mail check or money order payable to **NMED - UOCP to PO Box 5469, Santa Fe NM 87502** OR request to **Pay Online**. Online Payments: **Before** you can proceed with your online payment, a UOCP staff member will prepare an invoice and will also send an email notification confirming the exam details and fees due. **ALL application fees are non-refundable and are non-transferable.**

EDUCATION and TRAINING

20.7.4.21 A(4) NMAC REQUIREMENTS FOR APPLICATION FOR CERTIFICATION: Applicant must successfully meet the educational, experience and training requirements stipulated in 20.7.4.22 NMAC at time of application.

CHECK ALL THAT APPLY and attach all and any Educational documents marked below:

High School Graduate COLLEGE DEGREE: B.A/B.S
 GED Certificate or HISet M.A/M.S

I am a Graduate of Dona Ana Water/Wastewater Technology Program? YES Graduation Date: _____

Total Training Credits included: _____

NOTE: ALL required training credits, educational transcripts and/or diplomas MUST be included at time of submission OR the exam application will be rejected.

DISABILITIES - ADA Accommodations

Please check the box if you have a disability that may require an accommodation.

Test applicants with disabilities, as defined by the Americans with 'Disabilities Act', must contact Eric Hall at 505-670-7418 or email at eric.hall@state.nm.us to request any special arrangements of disability accommodation at the requested test location.

UOCP Office Use Only. Do not write in this box:

Training Credits: _____ Needs: _____

Water: Experience Yrs. _____ Mo. _____ As of ___/___/___ Approved By: _____ Rejected By: _____

Wastewater: Experience Yrs. _____ Mo. _____ As of ___/___/___ Approved By: _____ Rejected By: _____

COMMENTS:

Payment \$ Amount Rec'd: _____ Date PAID: _____

CK or MO/Online Conf. #: _____

Last Name _____ First Name _____

EXPERIENCE (PRESENT OR MOST RECENT)

Company _____ Phone _____

Address _____

Supervisor's name _____ Phone _____

DATES IN POSITION		TIME IN POSITION		Water System ID, Discharge Permit, NPDES Permit or Other
From: (Start Date)	To: (End Date)	Years:	Months:	

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Present Title: _____

Please **describe in detail your actual operator experience** as related to the exam for which you are applying. **(BE SPECIFIC)**

** Employer scope of duties cannot be substituted for actual experience. Attach additional pages of description if needed.*

EXPERIENCE (PREVIOUS)

Company _____ Phone _____

Address _____

Supervisor's name _____ Phone _____

DATES IN POSITION		TIME IN POSITION		Water System ID, Discharge Permit, NPDES Permit or Other
From: (Start Date)	To: (End Date)	Years:	Months:	

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Present Title: _____

Please **describe in detail your actual operator experience** as related to the exam for which you are applying. **(BE SPECIFIC)**

** Employer scope of duties cannot be substituted for actual experience. Attach additional pages of description if needed.*

CERTIFICATE OF APPLICANT (All applications must have original signatures by BOTH applicant and supervisor)

We hereby certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, this application may be rejected, and any certification received as a result of the application may be revoked. Furthermore, we understand that all application fees are non-refundable or non-transferable. **Both Signature(s) are required.**

Signature _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

Please check a Payment Type: Enclosed Check/MO # _____ I will PAY Online upon receipt of confirmation.

Approval Confirmation Notices

Effective March 13, 2020, all approved applicants will receive an electronic confirmation notice sent to the email address on file in Certman. **Please be sure to provide a valid personal email address on page 2.**