NEW MEXICO ENVIRONMENT DEPARTMENT

Application for Solid Waste Facility Operator Certification

PRINT LEGIBLY

☐ Mr.
☐ Mrs.
☐ Ms.

Last Name | First Name | MI

Social Security # or Operator ID #

Type of certification sought: (Check only one box)

☐ Compost Facility Operator
☐ Recycling Facility Operator
☐ Landfill Operator
☐ Transfer Station Operator
☐ Processing Facility Operator
☐ Transformation Facility Operator

HOME (MAILING) ADDRESS

Address

City | State | Zip

Home phone No. | Cell phone No.

FACILITY

Name of the facility where you work:

Address

City | State | Zip

Facility phone No. | Fax No.

Your current job title:

Course Name: (Check one box)

☐ Compost Facility Operator Certification Course
☐ Landfill Operator Certification Course
☐ Processing Facility Operator Certification Course
☐ Recycling Facility Operator Certification Course
☐ Transfer Station/Processing Facility Operator Certification Course
☐ Transformation Facility Operator Certification Course

Course Date:

Course Location:

Certification Exam Date:

OFFICE USE ONLY
CEU's Awarded by Department:

*** E-mail address:**

****You must provide a valid e-mail address, to access your certification information online. Please print clearly!***

Revised August 2014

EXPERIENCE: You must have one year of experience in the operation of a facility of the same type as that for which certification is sought (i.e., composting, landfill, transfer station, etc.). Beginning with your present position and working back; list and describe at least one year of your experience relating to the type of certification you are applying for. **Be specific in describing your experience as it relates to this certification.** Failure to adequately describe specific experience related to this application will result in denial of your application for certification. (Paragraph 3, Subsection B of 20.9.7.8 NMAC)

Name and address of employer:

(If the same as on other side, so indicate. Include the facility name.)

Dates of employment: From: / / to: Present

Your current position title:

Facility name:

Describe your job duties:

Name and address of employer:

Dates of employment: From: / / to: / /

Your position title:

Facility name:

Describe your job duties:

Name and address of employer:

Dates of employment: From: / / to: / /

Your position title:

Facility name:

Describe your job duties:

I hereby certify there are no misrepresentations in the information I am providing. I am aware that if an investigation discloses any discrepancies, my application may be rejected and any certification received as a result of this application may be revoked. I am also aware that I may be required to provide the Department with proof of my training and employment experience.

SIGNATURE: **DATE:**

THIS SECTION FOR DEPARTMENT USE ONLY

Application received		Initials:	Date
Parental Responsibility Act Verification		Initials:	Date
Education & Training Verification	Exam score:	Initials:	Date
Complete database Entries		Initials:	Date
Certificate Issued	Expires:	Initials:	Date
Notification Letter & Certificate Mailed		Initials:	Date

Return completed and signed application to:

New Mexico Environment Department, Solid Waste Bureau, 1190 St. Francis Dr. P.O. Box 5469, Room N2150, Santa Fe, NM 87502-5469. Attn: Connie Pasteris