



NEW MEXICO ENVIRONMENT DEPARTMENT

Application for Renewal of Solid Waste Facility Operator Certification



PRINT LEGIBLY

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
Last Name			First Name		Middle Initial	Operator ID #

Certification Renewal :	Expiration Date:
<input type="checkbox"/> Compost Facility Operator	<input type="text"/>
<input type="checkbox"/> Recycling Facility Operator	<input type="text"/>
<input type="checkbox"/> Landfill Operator	<input type="text"/>
<input type="checkbox"/> Processing Facility Operator	<input type="text"/>
<input type="checkbox"/> Transfer Station Operator	<input type="text"/>
<input type="checkbox"/> Transformation Facility Operator	<input type="text"/>

Course Name:	(Check one box)
<input type="checkbox"/> Compost Facility Operator Certification Course	
<input type="checkbox"/> Recycling Facility Operator Certification Course	
<input type="checkbox"/> Landfill Operator Certification Course	
<input type="checkbox"/> Transfer Station/ Processing Facility Operator Certification	
<input type="checkbox"/> Transformation Facility Operator Certification Course	
Course Date:	<input type="text"/>
Course Location:	<input type="text"/>

HOME (MAILING) ADDRESS

<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	
Home phone No.	Cell phone No.	
<input type="text"/>	<input type="text"/>	
* E-mail address		
<input type="text"/>		
*You must provide a valid e-mail address to access your certification information online. Please print clearly!		

FACILITY

<input type="text"/>	
Name of the facility where you work:	
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
City	Zip
<input type="text"/>	<input type="text"/>
Facility phone No.	FAX No.
<input type="text"/>	<input type="text"/>
Your current job title:	
<input type="text"/>	

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.

SIGNATURE:

DATE:

THIS SECTION FOR DEPARTMENT USE ONLY

Application received	Initials: _____	Date _____
Parental Responsibility Act Verification	Initials: _____	Date _____
Education & Training Verification	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.
Room N2150, P.O. Box 5469, Santa Fe, NM 87502-5469 Attn: William Schueler