

NEW MEXICO ENVIRONMENT DEPARTMENT

APPLICATION FOR SOLID WASTE FACILITY OPERATOR CERTIFICATION

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NOTE: A separate application must be submitted for each type of Certification being sought.

Name: _____ Social Security # _____
 Mr. Mrs. Ms.

This application is for: Initial certification Renewal of an expired certification: _____
(Date expired)

Type of certification sought: (Check only one box)

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

HOME (MAILING) ADDRESS

FACILITY

Address _____
City _____ State _____ Zip _____

Facility name (as shown on permit or registration) _____
Address _____

Home phone No. _____ Cell phone No. _____

City _____ State _____ Zip code _____

Other Certifications Currently Held: (check all that apply)

- Compost Facility Operator Landfill Operator
Expiration date: _____ Expiration date: _____
 Processing Facility Operator Recycling Facility Operator
Expiration date: _____ Expiration date: _____
 Transfer Station Operator Transformation Facility Operator
Expiration date: _____ Expiration date: _____

Facility phone No. _____ Fax No. _____

Your current job title _____

E-mail address: _____

TRAINING:

Course date: _____ Course name: _____
Date of exam: _____ Course location: _____

Have you previously taken the exam for the certification you are now applying for? Yes No

If YES, list the date and location of the exam: Date: _____ Location: _____
Date: _____ Location: _____

Have you completed any other Department approved training for this certification? Yes No

If Yes: Date of training: _____ Location of training: _____
Course sponsor, name and description: _____

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:
	Description of your qualifying experience (see the note at top of page):

Name and address of employer:	Dates of employment: From: / / to: / /
	Your position title:
	Facility name:
	Description of your qualifying experience (see the note at top of page):

Name and address of employer:	Dates of employment: From: / / to: / /
	Your position title:
	Facility name:
	Description of your qualifying experience (see the note at top of page):

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

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 - S-2050,
1190 St. Francis Drive, P.O. Box 5469, Santa Fe, NM 87502**