

**NEW MEXICO ENVIRONMENT DEPARTMENT**

**APPLICATION FOR RENEWAL OF OPERATOR CERTIFICATION**

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

Name: \_\_\_\_\_ Last four numbers of your SSAN \_\_\_\_\_  
 Mr.  Mrs.  Ms. **OR** SW Facility Oper. ID #: \_\_\_\_\_  
 Current certification expires on: \_\_\_\_\_  
 Request For Renewal of :  Compost Facility Operator  Landfill Operator  
 (Check only one classification)  Processing Facility Operator  Recycling Facility Operator  
 Transfer Station Operator  Transformation Facility Operator

<u>HOME (MAILING) ADDRESS</u>	<u>FACILITY</u>
Address _____	<b>Facility</b> name (as shown on permit or registration) _____
City _____ State _____ Zip code _____	Address _____
Home phone No. _____ Cell phone number _____	City _____ State _____ Zip code _____

**Additional Certifications Currently Held: (check all that apply)**

<input type="checkbox"/> Compost Facility Operator Expiration date: _____	<input type="checkbox"/> Landfill Operator Expiration date: _____	Facility phone No. _____ Fax No. _____
<input type="checkbox"/> Processing Facility Operator Expiration date: _____	<input type="checkbox"/> Recycling Facility Operator Expiration date: _____	
<input type="checkbox"/> Transfer Station Operator Expiration date: _____	<input type="checkbox"/> Transformation Facility Operator Expiration date: _____	

Your current job title \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Course work completed for this renewal:** (NOTE: You **must** indicate the course work you want considered)

DATE	LOCATION	NAME & DESCRIPTION OF COURSE	IF <b>NOT</b> A CERT. CRS.	
			HOURS	DEPT. APPROVAL

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**

Application received _____	Initials: _____	Date _____
Parental Responsibility Act Verification _____	Initials: _____	Date _____
Training Verification _____	Initials: _____	Date _____
Complete database Entries _____	Initials: _____	Date _____
Certificate Issued _____ Expires: _____	Initials: _____	Date _____
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