



# 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 #

<b>Certification Renewal :</b>	<b>Expiration Date:</b>
<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"/>

<b>Course Name:</b>	(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	
<b>Course Date:</b>	<input type="text"/>
<b>Course Location:</b>	<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: _____
Notification Letter & Certificate Mailed .....	Initials: _____	Date _____

Return completed and signed application to:

New Mexico Environment Department, Rio Rancho Field Office, Solid Waste Bureau  
4359 Jager Drive NE, Suite B, Rio Rancho, NM 87144 Attn: Connie Pasteris