



SUSANA MARTINEZ
GOVERNOR

JOHN A. SANCHEZ
LIEUTENANT GOVERNOR

State of New Mexico
ENVIRONMENT DEPARTMENT
SURFACE WATER QUALITY BUREAU
UTILITY OPERATOR CERTIFICATION PROGRAM

Harold Runnels Building, N2050
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RYAN FLYNN
CABINET SECRETARY

BUTCH TONGATE
DEPUTY SECRETARY

REPLACEMENT REQUEST FORM

Operator Name: _____

Operator ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mark your request:

Operator replacement ID card \$5.00 per card

Operator replacement Certificate \$5.00 per certificate

Total Cost: \$ _____

Please mail completed replacement request form with check or money order to:

NMED UOC Program
Attention: April Salazar
P.O. Box 5469
1190 S. St. Francis Drive
Harold Runnels Building, N2050
Santa Fe, New Mexico USA 87502-5469

When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time fund transfer from your account or to process the payment as a check transfer.