



SUSANA MARTINEZ  
GOVERNOR

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*State of New Mexico*  
**ENVIRONMENT DEPARTMENT**  
**SURFACE WATER QUALITY BUREAU**  
**Utility Operator Certification Program**

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DAVE MARTIN  
CABINET SECRETARY

BUTCH TONGATE  
ACTING DEPUTY SECRETARY

## **OUTLINE FOR SUBMITTAL OF OPERATOR TRAINING CREDITS**

- NAME OF PROVIDER
- DATE OF TRAINING
- LOCATION
- CONTACT NAME & PHONE NUMBER
- NUMBER OF HOURS (specify if water, wastewater, or 'other' and define 'other')
- SPECIFY CATEGORY (i.e., sampling & reporting) and LEVEL and NUMBER (from study guide/need to know)
- AGENDA/DETAILED OUTLINE (by hour) INCLUDE START & END TIMES
- INSTRUCTOR NAME
- OPERATOR NAME (typed or clearly printed)
- OPERATOR SIGNATURE
- SOCIAL SECURITY ACCOUNT NUMBER (SSAN) OR OPERATOR IDENTIFICATION NUMBER (OID#) (if Training Credits are desired)

**A CERTIFICATE OF ATTENDANCE  
PROVIDED TO THE OPERATOR IS SUGGESTED**