UTILITY OPERATOR CERTIFICATION EXAMINATION APPLICATION

Return Applications to:

NMED Utility Operator Certification Program

PO BOX 5469

Santa Fe, New Mexico 87502-5469

Quick Check for Exam Applications

Prior to mailing your exam application, make sure you have completed the following:

- ☐ Include your date of birth (pg. 2)
- ☐ Include your operator ID (1st time examinees only, include your SSN) (pg. 2)
- ☐ Indicate the exam date and location where you want to take the test (pg. 3)
- ☐ Indicate which exam(s) {you wish you take} (pg. 3)
- ☐ Include high school diploma, college transcripts/diploma, copies of training completion certificates
- ☐ Describe your actual water or wastewater experience detailing specific job duties/responsibilities
- ☐ Include beginning and ending dates for all experience listed in the application (pg. 4)
- ☐ Sign and date your application (pg. 4)
- ☐ Include your check or money order payable to **"NMED-Utility Operator Certification Program"**
- ☐ Fill out your *check or money* order completely, and be sure to sign and date

ON TEST DAY: Bring your confirmation letter and photo identification (such as a driver's license) with you on the day of the examination. You will not be allowed to take the exam if you do not bring your photo identification.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

All application fees are retained by UOCP regardless whether exam application is approved or rejected. Application fees are non-refundable & non-transferrable

OFFFICE USE: CK/MO#_____Paid By_____Received_____

UTILITY OPERATOR CERTIFICATION PROGRAM

NEW MEXICO ENVIRONMENT DEPARTMENT
PO Box 5469, Santa Fe, NM 87502-5469

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU FILL OUT THE APPLICATION

APPLICATION MUST BE COMPLETE, DATED AND SIGNED BEFORE PLEASE TYPE OR PRINT LEGIBLY IN INK!

If any information is missing or illegible, your application will be rejected and returned. **A non-refundable, non-transferable application fee is required with this application.** Purchase orders or credit cards *will not be accepted*. Make your check or money orders payable to "NMED Utility Operator Certification Program". It is not permitted to apply for or take more than two exams during a single exam session. Please refer to the **UOCP Examination Schedule** for deadline dates and locations. First time applicants for certification will be required to provide their social security number. When you have completed the application form, review each section carefully. Make sure that all requested information is correct and that all documentation (certificates, diplomas, training credits, etc.) is included with the application. Sign and date the application. We must have your original signature on the application. We cannot accept photocopied signatures or faxed or electronic applications. Please refer to NM Utility Operator Certification Regulations NMAC 20.7.4.12 and NMAC 20.7.4.13 to determine the certification level required to run each type of water and wastewater facility.

Experience and training requirements for certification: The following information is from NMAC 20.7.4.22 of the Utility Operator Certification regulations:

Certificate Levels	Required Years Operator Experience	Training Credits Required
Water Sample Technician 1	0	05
Water Sample Technician 2	0	10
Small Systems (under 500 population)	1	10
Advanced Small Systems (under 500 population)	1	10
Level 1	1	10
Level 2	2	30
Level 3	4	50
Level 4	1 year as a Class 3 certificate holder	80

High School diploma or GED is required for all levels!

Certification Levels include Water, Wastewater, Collection, Distribution, and Wastewater Laboratory

Utility Operator Certification regulations NMAC Definitions (20.7.4.7) NMAC

K. "experience": means actual work experience, full or part-time, as an operator in the fields of public water or public wastewater treatment; work experience in a related field may be accepted at the discretion of the department.

M. "operator": any person who operates a public water supply system or public wastewater facility.

T. "Training": means approved education or non-academic training in the fields of public water supply system or public wastewater facility operation.

U. "Training credits": means the amount of credit earned by a participant in a training program.

***Exams cannot be re-taken until you receive exam results from your most recent exam. Applications submitted for re-examination while results are pending will be rejected and returned.*

NOTIFICATION: Approximately two weeks before the scheduled exam, applicants will be notified by email or e-communications. When receiving required training credits at a training event held before an exam session, you **must** bring your certificate of completion with you to the exam session in order to test.

PLEASE TYPE OR PRINT LEGIBLY IN INK. ALL INFORMATION IS REQUIRED.

APPLICANT INFORMATION

Last Name		**First**		**M.I.**		**D.O.B**	/ /
Mailing Address				E-Mail			
City		**State**		**Zip**			
Home Phone		**Work Phone**		**Cell Phone**			
NM Operator ID	NM_____	OR	**Social Security No.** *First time applicants only*	- -			

Last Name _____First Name_____

EXAMINATION DATE AND LOCATION WRITE EXAM DATE AND LOCATION WHERE YOU WOULD LIKE TO TAKE EXAM. EXAM SCHEDULE IS LOCATED ON THE UTILITY OPERATOR CERTIFICATION PROGRAM WEBPAGE.

EXAM DATE: **LOCATION:**

EXAMINATION TYPE AND LEVEL SELECT ONLY 1 EXAM FROM 'WATER SYSTEMS' OR 1 EXAM FROM 'WASTEWATER SYSTEMS.' MAXIMUM 2

	WATER SYSTEMS	EXAM FEE			WASTEWATER SYSTEMS	EXAM FEE
☐	SMALL WATER (SW)	$25.00		☐	SMALL WASTEWATER (SWW)	$25.00
☐	ADVANCED SMALL WATER (SWA)	$25.00		☐	ADVANCED SMALL WASTEWATER (SWWA)	$25.00
☐	WATER SUPPLY LEVEL 1 (WS1)	$30.00		☐	WASTEWATER SYSTEMS 1 (WW1)	$30.00
☐	WATER SUPPLY LEVEL 2 (WS2)	$30.00		☐	WASTEWATER SYSTEMS 2 (WW2)	$30.00
☐	WATER SUPPLY LEVEL 3 (WS3)	$30.00		☐	WASTEWATER SYSTEMS 3 (WW3)	$30.00
☐	WATER SUPPLY LEVEL 4 (WS4)	$30.00		☐	WASTEWATER SYSTEMS 4 (WW4)	$30.00
☐	WATER SAMPLE TECH 1 (WST1)	$25.00		☐	WASTEWATER LABORATORY TECH 1 (WWLT1)	$25.00
☐	WATER SAMPLE TECH 2 (WST2)	$25.00		☐	WASTEWATER LABORATORY TECH 2 (WWLT2)	$30.00
☐	DISTRIBUTION SYSTEM 1 (DS1)	$30.00		☐	WASTEWATER LABORATORY TECH 3 (WWLT3)	$30.00
☐	DISTRIBUTION SYSTEM 2 (DS2)	$30.00		☐	COLLECTIONS SYSTEMS 1 (CS1)	$30.00
☐	DISTRIBUTION SYSTEM 3 (DS3)	$30.00		☐	COLLECTIONS SYSTEMS 2 (CS2)	$30.00

EDUCATION (SUBMIT DOCUMENTATION FOR ALL THAT APPLY)

High School Graduate ☐ YES ☐ NO B.A/B.S ☐ YES ☐ NO

GED Certificate? ☐ YES ☐ NO M.A/M.S? ☐ YES ☐ NO

Graduate of Dona Ana Water/Wastewater Technology Program? ☐ YES ☐ NO Year Graduated _____

TRAINING (SUBMIT DOCUMENTATION)

☐ I will attend training between now and the date of the exam to earn the required training credits.

DISABILITIES

☐ **Please check the box if you have a disability that may require an accommodation.**

Test applicants with disabilities, as defined by the Americans with Disabilities Act, must call the Operator Certification Program office at 505-827-2802 to request any special arrangements of disability accommodation at the requested test location.

CONSENT TO ELECTRONIC DELIVERY

☐ **Please check the box for electronic delivery**

By checking the "I agree" box, you agree that the delivery of any notices in reference to your exam may be made electronically by posting the e-Communication on the UOCP Online website or by sending it to you by e-mail.

Office Use Only:

Water: Experience Yrs. _____Mo. _____ As of___/___/___ Training Credits: _____Needs:_____

Wastewater: Experience Yrs. _____Mo. _____ As of___/___/___ ☐Approved By:_____ ☐Rejected By:_____

COMMENTS:

Last Name _____First Name_____

EXPERIENCE (PRESENT OR MOST RECENT)

Company				Phone
Address				
Supervisor's name			Phone	
DATES IN POSITION		TIME IN POSITION		**Water System ID, Discharge Permit, NPDES Permit or Other**
From: (Start Date)	To: (End Date)	Years:	Months:	
Present Title:				

Please describe in detail your actual operator experience as related to the exam for which you are applying. **(BE SPECIFIC)** ***Attach additional pages as necessary.***

EXPERIENCE (PREVIOUS)

Company				Phone
Address				
Supervisor's name			Phone	
DATES IN POSITION		TIME IN POSITION		**Water System ID, Discharge Permit, NPDES Permit or Other**
From: (Start Date)	To: (End Date)	Year:	Month:	
Present Title:				

Please describe in detail your actual operator experience as related to the exam for which you are applying. **(BE SPECIFIC)** ***Attach additional pages as necessary.***

Privacy Act Notice: All information submitted on Application Forms, as well as Training Credit records, is considered confidential and is protected under the provisions of Federal and State Privacy Statutes. Only *you* can authorize the release of this information. All requests for information release must be submitted in writing and include your full signature.

CERTIFICATE OF APPLICANT (APPLICATION MUST HAVE ORIGINAL SIGNATURE FROM BOTH APPLICANT AND SUPERVISOR)

We hereby certify that the information presented in this application is true and complete to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, this application may be rejected and any certification received as a result of the application may be revoked. Furthermore, We understand that all application fees are non-refundable.

Signature **Date:**

Supervisor Signature **Date:**

Notice: When you provide a check as payment, you authorize the State of New Mexico to either 1) use information from your check to make a one-time electronic fund transfer from your account or 2) to process the payment as a check transaction.