

NEW MEXICO WATER QUALITY CONTROL COMMISSION  
**UTILITY OPERATOR RECIPROCIY APPLICATION**  
**PO BOX 5469**  
**SANTA FE, NM 87502**



**Do not send payment until you have been notified of approval.**

**All information is required for application review. Incomplete or illegible applications will be returned without being processed! Please remember to sign the application. If you have questions, please call us at (505)222-9575**

**APPLICANT INFORMATION**

Last Name		First		M.I.		D.O.B	/	/
Mailing Address				E-Mail				
City		State		Zip				
Home Phone		Work Phone		Cell Phone				
Social Security No.	---		---					

**Type(s) and classes of NM Certification sought**

Check the box(es) indicating the type and class(es) you wish to obtain by reciprocity

WATER SYSTEMS			WASTEWATER SYSTEMS		
<input type="checkbox"/>	SMALL WATER (SW)		<input type="checkbox"/>	SMALL WASTEWATER (SWW)	
<input type="checkbox"/>	ADVANCED SMALL WATER (SWA)		<input type="checkbox"/>	ADVANCED SMALL WASTEWATER (SWWA)	
<input type="checkbox"/>	WATER SUPPLY LEVEL 1 (WS1)		<input type="checkbox"/>	WASTEWATER SYSTEMS 1 (WW1)	
<input type="checkbox"/>	WATER SUPPLY LEVEL 2 (WS2)		<input type="checkbox"/>	WASTEWATER SYSTEMS 2 (WW2)	
<input type="checkbox"/>	WATER SUPPLY LEVEL 3 (WS3)		<input type="checkbox"/>	WASTEWATER SYSTEMS 3 (WW3)	
<input type="checkbox"/>	WATER SUPPLY LEVEL 4 (WS4)		<input type="checkbox"/>	WASTEWATER SYSTEMS 4 (WW4)	
<input type="checkbox"/>	WATER SAMPLE TECH 1 (WST1)		<input type="checkbox"/>	WASTEWATER LABORATORY TECH 1 (WWLT1)	
<input type="checkbox"/>	WATER SAMPLE TECH 2 (WST2)		<input type="checkbox"/>	WASTEWATER LABORATORY TECH 2 (WWLT2)	
<input type="checkbox"/>	DISTRIBUTION SYSTEM 1 (DS1)		<input type="checkbox"/>	WASTEWATER LABORATORY TECH 3 (WWLT3)	
<input type="checkbox"/>	DISTRIBUTION SYSTEM 2 (DS2)		<input type="checkbox"/>	COLLECTIONS SYSTEMS 1 (CS1)	
<input type="checkbox"/>	DISTRIBUTION SYSTEM 3 (DS3)		<input type="checkbox"/>	COLLECTIONS SYSTEMS 2 (CS2)	

**CERTIFICATION**

CURRENT CERTIFICATION :	ISSUING STATE:
CERTIFICATION WAS ISSUED BY <input type="checkbox"/> EXAMINATION <input type="checkbox"/> RECIPROCIY	YEAR(S) CERTIFIED AT CURRENT LEVEL:
If certification was issued by reciprocity please list State:	
TYPE	TYPE
CLASS	CLASS
CERTIFCATION NUMBER	CERTIFCATION NUMBER
EXPIRATION DATE	EXPIRATION DATE

**TRAINING (SUBMIT DOCUMENTATION)**

Name of training course school	Location	Dates Attended	Subject	Total hours awarded

**EDUCATION (SUBMIT DOCUMENTATION FOR ALL THAT APPLY)**

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	B.A / B.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	M.A / M.S? <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER:
Graduate of Dona Ana Water/Wastewater Technology program? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Graduated?	

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

<b>EXPERIENCE (PRESENT OR MOST RECENT)</b>				
Company			Phone	
Address				
Supervisor's name			Phone	
DATES IN POSITION		TIME IN POSITION		
From:	To:	Year:	Month:	
Present title /Certification				
Please describe in detail your actual operator experience. <b>(BE SPECIFIC)</b>				

<b>EXPERIENCE (PREVIOUS)</b>				
Company			Phone	
Address				
Supervisor's name			Phone	
DATES IN POSITION		TIME IN POSITION		
From:	To:	Year:	Month:	
Present title /Certification				
Please describe in detail your actual operator experience. <b>(BE SPECIFIC)</b>				

**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 with your full signature.

<b>CERTIFICATE OF APPLICANT (APPLICATION MUST HAVE ORIGINAL SIGNATURE)</b>	
I 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, my application may be rejected and any certification received as a result of the application may be revoked. Furthermore, I understand that all payments are non-refundable.	
Signature	Date

Office Use:			
Water	Experience ____ Yr. ____ Mo.	As of ____/____/____	<input type="checkbox"/> Appr. <input type="checkbox"/> Rejc. By: _____
Wastewater	Experience ____ Yr. ____ Mo.	As of ____/____/____	