



Maintenance Service Provider Application Form (Part A)

Name of Applicant for MSP		
Name of Company		
Mailing Address		
Phone Number		
Email Address		
Which Certifications are Current and Active? <i>(Attach all certifications with this application)</i>	Certification by the Manufacturer NM Operator Certification for Small Advanced Wastewater Systems (Or higher) Certification as Wastewater Operator from another state Other Certification based on Credentials Approved by the Department	
Name All Proprietary Advanced Treatment Systems that you are applying for Qualification under 904(C) of Liquid Waste Regulations 20.7.3 NMAC <i>(NOTE: You must submit a "PART B" for each and every ATS that you are requesting approval to service)</i>		
For each of the Advanced Treatment Systems listed above, you must fill out a "ATS QUALIFICATION FORM" Qualification Forms for <u>each</u> ATS are Attached?	YES	NO
Do you have the ability to sample all units using approved sampling methods?	YES	NO
Will you be able to respond to emergency situations within 48 hours of being notified?	YES	NO
Do you use a contract for service that contains, at least, minimum standards approved by NMED?	YES	NO
Do you have a quality assurance/quality control plan acceptable to the department?	YES	NO
Will you notify NMED within 5 working days for any failed system?	YES	NO
By signing below, I acknowledge that I have read the Liquid Waste Disposal and Treatment Regulations and I understand the sections of the regulations that pertain working as a maintenance service provider. I understand that should I be approved as a maintenance service provider on specific advanced treatment units, that I must be on-site for all activities involving the maintenance of these advanced treatment systems.		
_____	_____	_____
MSP Name Printed	MSP Signature	Date

**Please Complete this Application Form(Part A) along with Part B Forms for each ATS you want to work on to :
 Michael Broussard, EHB Liquid Waste Specialist, 2540 Camino Edward Ortiz, Santa Fe, NM 87505; Fax
 505-827-1839 For more information please contact Michael Broussard at Michael.Broussard@state.nm.us or
 505-476-0125**



MSP Application-ATS Qualification Form (Part B)

You must submit a separate "Part B" for each type of advanced treatment system(ATS) that you are requesting t to service. Fill out one form for each Manufacture and include all model numbers. The department will determine whether you meet the regulatory requirements and will send you a letter informing you that you have been approved or denied for maintaining this system. For all systems that you are approved to operate, service and maintain , your name will be listed on the NMED website.

1. Name of Advanced Treatment Unit(s) you are requesting to inspect, operate and maintain <i>(Include Name of Manufacturer and Model Numbers)</i>	
1. Have you completed a training and certification program from the manufacturer on this ATS?	YES NO Date of the last training you attended on this ATS? _____/_____/_____
a. If You Answered <u>YES</u> to the question above	Please submit all certifications as part of this application
b. If You Answered <u>NO</u> to the question above	
3. You must provide a written statement that describes trainings that you have received on similar types of ATSs and describe your experience at operating, maintaining and servicing these units. <u>Is this statement attached?</u>	YES NO
4. Do you have operation and maintenance manuals for this ATS that would be made available for NMED verification?	YES NO
5. Do you have regular access to replacement parts for this ATS?	YES NO
6. If the operation and maintenance of this ATS requires specialized tools, do you have access these tools?	YES NO N/A
By signing below, I agree that the foregoing information is true and correct to the best of my knowledge.	
_____ MSP Name Printed	_____ MSP Signature
_____ Date	