NEW MEXICO ENVIRONMENT DEPARTMENT

Application for Renewal of Solid Waste Facility Operator Certification

PRINT LEGIBLY

Mr.                          Mrs.                          Ms.

Last Name                     First Name                  Middle Initial

Certification Renewal:       Expiration Date:

☐ Compost Facility Operator
☐ Recycling Facility Operator
☐ Landfill Operator
☐ Processing Facility Operator
☐ Transfer Station Operator
☐ Transformation Facility Operator

Course Name:                 (Check one box)

☐ Compost Facility Operator Certification Course
☐ Recycling Facility Operator Certification Course
☐ Landfill Operator Certification Course
☐ Transfer Station/Processing Facility Operator Certification Course
☐ Transformation Facility Operator Certification Course

Course Date:

Course Location:

HOME (MAILING) ADDRESS

Address

City                                   State                                    Zip

Home phone No.                          Cell phone No.

* E-mail address

*You must provide a valid e-mail address to access your certification information online. Please print clearly!

I hereby certify there are no misrepresentations in the information I am providing. I am aware that if an investigation discloses any discrepancies, my application may be rejected and any certification received as a result of this application may be revoked.

SIGNATURE: ___________________________ DATE: ____________

THIS SECTION FOR DEPARTMENT USE ONLY

Application received

Initials: ___________________________ Date ____________

Parental Responsibility Act Verification

Initials: ___________________________ Date ____________

Education & Training Verification

Initials: ___________________________ Date ____________

Complete database Entries

Initials: ___________________________ Date ____________

Certificate Issued

Initials: ___________________________ Expires: ___________________________

Notification Letter & Certificate Mailed

Initials: ___________________________ Date ____________

Return completed and signed application to:

New Mexico Environment Department, Solid Waste Bureau 1190 St. Francis Dr.

Room N2150, P.O. Box 5469, Santa Fe, NM 87502-5469  Attn: William Schueler

Revised April 2017