

NEW MEXICO ENVIRONMENT DEPARTMENT



Application for Solid Waste Facility Operator Certification

PRINT LEGIBLY

Mr.							
Mrs. Ms.				Social Security # or Operator ID #			
Last Name		First Name	MI				
Type of certification sought: (Ch	eck only one box)						
Compost Facility Operator		Landfill Operator			Processing Facili	ty Operator	
Recycling Facility Operator		Transfer Station Operato	or		Transformation	Facility Operator	
HOME (MAILING) ADDRESS				FAC	<u>CILITY</u>		
Address			Name of the f	acility where you work:			
City	State	Zip	Address				
Home phone No.	Cell phone No.		City		State	Zip	
Course Name:	(Chaok and hav)						
Course Ivaille.	(Check one box)						
Compost Facility Operator Certification	Course		Facility pho	ne No.	Fax No.		
Landfill Operator Certification Course							
Processing Facility Operator Certification Course			V	1			
Recycling Facility Operator Certification Course			Your curren	it job title:			
Transfer Station/Processing Facility Op	erator Certification Course						
Transformation Facility Operator Certif	ication Course						
Course Date:			Course Location:				
Certification Exam Date:				OFFICE USE ONLY CEU's Awarded by Department:			
*F 9 11							
* E-mail address:							
*You must provide a valid e-mail address, to access your certification information online. Please print clearly!							

EXPERIENCE: You must have one year or is sought (i.e., composting, landfill, transfer station, etc.). Beginning relating to the type of certification you are applying for. Be specific specific experience related to this application will result in denial of	c in describing your experience as it relates to	ist and describe at least this certification. Faile	one year of your experience ure to adequately describe		
Name and address of employer:	Dates of employmen	nt: From: / /	to: Present		
1 3	Your current position		to. Tresent		
	Facility name:				
	Describe your job du	ıties:			
(If the same as on other side, so indicate. Include the facility name.)					
Name and address of employer:	Dates of employmen	at: From: / /	to: / /		
	Your position title:				
	Facility name: Describe your job du	ntio o			
Name and address of employer:	Your position title: Facility name:	<u> </u>			
I hereby certify there are no misrepresentations in the information application may be rejected and any certification received as	ation I am providing. I am aware that if an ir	nvestigation discloses			
the Department with proof of my training and employment ex	· · · · · · · · · · · · · · · · · ·		.,		
SIGNATURE:		DATE:			
THIS SECT	TION FOR DEPARTMENT USE ONI	LY			
	Initials:				
Parental Responsibility Act Verification	Initials:	Date			
Education & Training VerificationEx					
	Initials:				
Certificate Issued <u>Ex</u>	p <u>ires:</u> Initials:	Date			
Notification Letter & Certificate Mailed	Initials:	Date			

Return completed and signed application to:

New Mexico Environment Department, Solid Waste Bureau, 1190 St. Francis Dr. P.O. Box 5469, Room N2150, Santa Fe, NM 87502-5469. Attn: William Schueler