



NEW MEXICO ENVIRONMENT DEPARTMENT



Application for Solid Waste Facility Operator Certification

PRINT LEGIBLY

<input type="checkbox"/> Mr.				Social Security # or Operator ID #	
<input type="checkbox"/> Mrs.					
<input type="checkbox"/> Ms.					
Last Name		First Name		MI	

Type of certification sought: (Check only one box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Compost Facility Operator | <input type="checkbox"/> Landfill Operator | <input type="checkbox"/> Processing Facility Operator |
| <input type="checkbox"/> Recycling Facility Operator | <input type="checkbox"/> Transfer Station Operator | <input type="checkbox"/> Transformation Facility Operator |

HOME (MAILING) ADDRESS

FACILITY

Address

City State Zip

Home phone No. Cell phone No.

Name of the facility where you work:

Address

City State Zip

Course Name: (Check one box)

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

Facility phone No. Fax No.

Your current job title:

Course Date:

Course Location:

Certification Exam Date:

OFFICE USE ONLY
CEU's Awarded by
Department:

* E-mail address:

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

