

UTILITY OPERATOR CERTIFICATION EXAMINATION APPLICATION Return Applications to: NMED Utility Operator Certification Program PO BOX 5469 Santa Fe, New Mexico 87502-5469

Quick Check for Exam Applications



Prior to mailing your exam application, make sure you have completed the following:

□ Include your date of birth (pg. 2)

□ Include your operator ID (1st time examinees only, include your SSN) (pg. 2)

 \Box Indicate the exam date and location where you want to take the test (pg. 3)

□ Indicate which exam(s) {you wish you take} (pg. 3)

□ Include high school diploma, college transcripts/diploma, copies of training completion certificates

Describe your <u>actual</u> water or wastewater experience <u>detailing</u> specific job duties/responsibilities

□ Include beginning and ending dates for all experience listed in the application (pg. 4)

□ Sign and date your application (pg. 4)

- □ Include your check or money order payable to "NMED-Utility Operator Certification Program"
- □ Fill out your *check or money* order completely, and be sure to sign and date

ON TEST DAY: Bring your confirmation letter and photo identification (such as a driver's license) with you on the day of the examination. You will not be allowed to take the exam if you do not bring your photo identification.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

All application fees are retained by UOCP regardless whether exam application is approved or rejected. Application fees are non-refundable & non-transferrable OFFFICE USE: CK/MO#____

Paid By



UTILITY OPERATOR CERTIFICATION PROGRAM

NEW MEXICO ENVIRONMENT DEPARTMENT PO Box 5469, Santa Fe, NM 87502-5469

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU FILL OUT THE APPLICATION APPLICATION MUST BE COMPLETE, DATED AND SIGNED BEFORE PLEASE TYPE OR PRINT LEGIBLY IN INK!

If any information is missing or illegible, your application will be rejected and returned. **A non-refundable, non-transferable application fee is required with this application.** Purchase orders or credit cards <u>will not be accepted</u>. Make your check or money orders payable to "NMED Utility Operator Certification Program". It is not permitted to apply for or take more than two exams during a single exam session. Exam applications must be postmarked no later than 30 days prior to an exam session. Please refer to the **UOCP Examination Schedule** for deadline dates and locations. First time applicants for certification will be required to provide their social security number. When you have completed the application form, review each section carefully. Make sure that all requested information is correct and that all documentation (certificates, diplomas, training credits, etc.) is included with the application. Sign and date the applications. Please refer to NM Utility Operator Certification Regulations NMAC 20.7.4.12 and NMAC 20.7.4.13 to determine the certification level required to run each type of water and wastewater facility.

Experience and training requirements for certification: The following information is from NMAC 20.7.4.22 of the Utility Operator Certification regulations:

Certificate Levels	Required Years Operator Experience	Training Credits Required	High School diploma or GED is required for all levels! Certification Levels include Water, Wastewater, Collection,
Water Sample Technician 1	0	05	Distribution, and Wastewater Laboratory Utility Operator Certification regulations
Water Sample Technician 2	0	10	NMAC Definitions (20.7.4.7) NMAC K. "experience": means actual work experience, full or part- time, as an operator in the fields of public
Small Systems (under 500 population)	1	10	water or public wastewater treatment; work experience in a related field may be accepted at the discretion of the department.
Advanced Small Systems (under 500	1	10	M. "operator": any person who operates a public water supply system or public wastewater facility.
population)			T. "Training": means approved education or non-academic training in
Level 1	1	10	the fields of public water supply system or public wastewater facility
Level 2	2	30	operation.
Level 3	4	50	U. "Training credits": means the amount of credit earned by a
Level 4	1 year as a Class 3 certificate holder	80	participant in a training program.

** Exams cannot be re-taken until you receive exam results from your most recent exam. Applications submitted for re-examination while results are pending will be rejected and returned.

NOTIFICATION: Approximately two weeks before the scheduled exam, applicants will be notified by email or e-communications. When receiving required training credits at a training event held before an exam session, you **<u>must</u>** bring your certificate of completion with you to the exam session in order to test.

PLEASE TYPE OR PRINT LEGIBLY IN INK.

TCANTINEODMATION

ALL INFORMATION IS REQUIRED.

AFFLIC		INFORMATION								
Last Nan	ne		First			М.І.	D.O.B	/	/	
Mailing A	Address			E	-Mail					
City			State			Zip				
Home Phone			Work Phone			Cell Phone				
NM Opera	<mark>tor</mark> ID	NM	OR	Social Security N First time applicant	lo. <i>ts only</i>					

Last Name First Name

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EXAMINATION DATE AND LOCATION WRITE EXAM DATE AND LOCATION WHERE YOU WOULD LIKE TO TAKE EXAM. EXAM SCHEDULE IS LOCATED ON THE UTILITY OPERATOR CERTIFICATION PROGRAM WEBPAGE.

EXAM DATE:

LOCATION:

<u>EX</u>	AMINATION TYPE AND LEVEL SELE	CT ONLY 1 EXAM	FROM WA	ATER SYSTEMS' OR 1 EXAM FROM 'WASTEWATER SYSTEMS.	MAXIMUM 2
	WATER SYSTEMS	EXAM FEE		WASTEWATER SYSTEMS	EXAM FEE
	SMALL WATER (SW)	\$25.00		SMALL WASTEWATER (SWW)	\$25.00
	ADVANCED SMALL WATER (SWA)	\$25.00		ADVANCED SMALL WASTEWATER (SWWA)	\$25.00
	WATER SUPPLY LEVEL 1 (WS1)	\$30.00		WASTEWATER SYSTEMS 1 (WW1)	\$30.00
	WATER SUPPLY LEVEL 2 (WS2)	\$30.00		WASTEWATER SYSTEMS 2 (WW2)	\$30.00
	WATER SUPPLY LEVEL 3 (WS3)	\$30.00		WASTEWATER SYSTEMS 3 (WW3)	\$30.00
	WATER SUPPLY LEVEL 4 (WS4)	\$30.00		WASTEWATER SYSTEMS 4 (WW4)	\$30.00
	WATER SAMPLE TECH 1 (WST1)	\$25.00		WASTEWATER LABORATORY TECH 1 (WWLT1)	\$25.00
	WATER SAMPLE TECH 2 (WST2)	\$25.00		WASTEWATER LABORATORY TECH 2 (WWLT2)	\$30.00
	DISTRIBUTION SYSTEM 1 (DS1)	\$30.00		WASTEWATER LABORATORY TECH 3 (WWLT3)	\$30.00
	DISTRIBUTION SYSTEM 2 (DS2)	\$30.00		COLLECTIONS SYSTEMS 1 (CS1)	\$30.00
	DISTRIBUTION SYSTEM 3 (DS3)	\$30.00		COLLECTIONS SYSTEMS 2 (CS2)	\$30.00

EDUCATION (SUBMIT DOCUMENTATION FOR ALL THAT APPLY)

			,				
High School Graduate	□ YES	□ NO		B.A/B.S	□ YES	□ NO	
GED Certificate?	□ YES	□ NO		M.A/M.S?	P 🗆 YES	□ NO	
Graduate of Dona Ana	Water/Wa	astewater Technology Program?	□ YES	□ NO	Year Gra	aduated	

TRAINING (SUBMIT DOCUMENTATION)

□ I will attend training between now and the date of the exam to earn the required training credits.

DISABILITIES

Please check the box if you have a disability that may require an accommodation.

Test applicants with disabilities, as defined by the Americans with Disabilities Act, must call the Operator Certification Program office at 505-827-2802 to request any special arrangements of disability accommodation at the requested test location.

CONSENT TO ELECTRONIC DELIVERY

Please check the box for electronic delivery

By checking the "I agree" box, you agree that the delivery of any notices in reference to your exam may be made electronically by posting the e-Communication on the UOCP Online website or by sending it to you by e-mail.

UOCP Office U	se Only. Do not write in this box:	
Water:	Experience YrsMo As of//	Training Credits:Needs:
Wastewater:	Experience YrsMo As of//	□Approved By:□Rejected By:
COMMENTS:		
	January 8, 2018	Page 3 of

EXPERIENCE (PRESENT OR MOST RECENT) Company Address Supervisor's name From: (Start Date) To: (Date) Years: Months: Present Title: Years: Months: Present Title: Present Title: Supervisor's name Supervisor's name Present Title: Supervisor's name Supervisor's name EXPERIENCE (PREVEVUES) Supervisor's name Present Title: Supervisor's name Year: Months: Supervisor's name Year: Month: Supervisor's name Year: Month: Supervisor's name Year: Month: Prosent Title: Year: Month:	Other	Phone System ID, Discharge Permit, NPDES Permit or are applying. (BE SPECIFIC) Attach additional pages as necessary
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CERTIFICATE OF APPLICANT (APPLICATION MUST HAVE ORIGINAL	the release of	of this information. All requests for information release
We hereby certify that the information presented in this application is true and con investigation discloses any discrepancies in the information provided, this application application may be revoked. Furthermore, We understand that all application fees	the release of IGNATURE	of this information. All requests for information release E FROM BOTH APPLICANT AND SUPERVISOR)
Signature	TIGNATURE plete to the n may be re	of this information. All requests for information release E FROM BOTH APPLICANT AND SUPERVISOR) e best of my knowledge. I understand that if an ejected and any certification received as a result of the

Supervisor Signature

Notice: When you provide a check as payment, you authorize the State of New Mexico to either 1) use information from your check to make a one-time electronic fund transfer from your account or 2) to process the payment as a check transaction.

Date: