



**UTILITY OPERATOR CERTIFICATION
Drinking Water Bureau**

Certificate & ID Card Replacement Request

Please email the completed and signed replacement request form to UOCP.Certification@state.nm.us
Electronic copy of the certificate and/or ID Card will be sent to you via email at **no charge**.

Operator Name: _____

Operator ID #: _____

Operator Email Address: _____

Replacement Documents: *check below*

- Operator replacement ID card

- Operator replacement Certificate

By submitting this signed form, you authorize the State of New Mexico to forward electronic copy of the certificate and/or ID card to be emailed to you.

Signature

Date