



Environment Department

MICHELLE LUJAN GRISHAM, GOVERNOR

James C. Kenney, Cabinet Secretary

UTILITY OPERATOR CERTIFICATION Drinking Water Bureau

EQUIVALENCY APPLICATION

Applications must be complete, dated and signed at time of submission, please PRINT legibly.

Use this form if you are certified in another state or with a tribal authority and would like to have your current experience and certification(s) evaluated for Equivalency for a New Mexico Water or Wastewater Certification. Please complete all required information below. Include copies of current W/WW certificates, educational transcripts or diplomas and training completion certificates. Please remember to sign the application. *NMAC 20.7.4.24(B) Applications for certification under this provision must be accompanied by a \$30.00 fee each certificate requested, payable to the department. Application fees are non-refundable.*

APPLICANT INFORMATION

Last Name		First Name		M.I.	
Email Address					
Mailing Address					
City		State		ZIP	
Home Phone		Work Phone			
Social Security No.		Date of Birth		/ /	

TYPE(s) and CLASSES of NM Certification sought

Check the box(es) indicating the type and class(es) you wish to obtain by reciprocity.

WATER SYSTEMS			WASTEWATER SYSTEMS		
		APP FEE			APP FEE
<input type="checkbox"/>	SMALL WATER (SW)	\$30.00	<input type="checkbox"/>	SMALL WASTEWATER (SWW)	\$30.00
<input type="checkbox"/>	ADVANCED SMALL WATER (SWA)	\$30.00	<input type="checkbox"/>	ADVANCED SMALL WASTEWATER (SWWA)	\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 1 (WS1)	\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 1 (WW1)	\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 2 (WS2)	\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 2 (WW2)	\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 3 (WS3)	\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 3 (WW3)	\$30.00
<input type="checkbox"/>	WATER SUPPLY LEVEL 4 (WS4)	\$30.00	<input type="checkbox"/>	WASTEWATER SYSTEMS 4 (WW4)	\$30.00
<input type="checkbox"/>	WATER SAMPLE TECH 1 (WST1)	\$30.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 1 (WWLT1)	\$30.00
<input type="checkbox"/>	WATER SAMPLE TECH 2 (WST2)	\$30.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 2 (WWLT2)	\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 1 (DS1)	\$30.00	<input type="checkbox"/>	WASTEWATER LABORATORY TECH 3 (WWLT3)	\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 2 (DS2)	\$30.00	<input type="checkbox"/>	COLLECTIONS SYSTEMS 1 (CS1)	\$30.00
<input type="checkbox"/>	DISTRIBUTION SYSTEM 3 (DS3)	\$30.00	<input type="checkbox"/>	COLLECTIONS SYSTEMS 2 (CS2)	\$30.00

Equivalency application fees must be paid as per **NMAC 20.7.4.24 B - FEES**. Please make check or money order payable to **Utility Operator Certification Program mailed to PO Box 5469, Santa Fe NM 87502 or Pay ONLINE**. **Please note, before you can proceed with your online payment, a UOCP staff member will prepare a payment receipt to send to you in an email notification confirming certification details and Fees due. ALL application fees are non-refundable.**

Last Name _____ First Name _____

CERTIFICATION(S)

Current Certification:		Issuing State:	
Certification Issued By: <input type="checkbox"/> EXAMINATION <input type="checkbox"/> RECIPROCITY		Year(s) Certified at Current Level:	
If certification was issued by Reciprocity please list State:			
Type:		Type:	
Class:		Class:	
Certification No.		Certification No.	
Expiration Date:		Expiration Date:	

TRAINING (Submit documentation)

Name of Course and School	Dates Attended	Location (City/State)	Subject	Total Hours Awarded

EDUCATION (Submit documentation for that apply)

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	B.S. / B.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No
GED Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	M.A. M.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER:
Graduate of Dona Ana Water/Wastewater Technology program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date:

EXPERIENCE (Present or Most Recent)

Company:	Phone:
Address:	
Supervisor Name:	Phone:

DATES IN POSITION		TIME IN POSITION		Current Certification or License No.
From: (Start Date)	To: (End Date)	Years:	Months:	

Present Title:

Please describe in detail your actual operator experience as related to the certification type for which you are applying. **(Please be specific)**

**Attach additional pages as necessary.*

Last Name _____ First Name _____

EXPERIENCE (PREVIOUS)

Company: _____ Phone: _____

Address: _____

Supervisor Name: _____ Phone: _____

DATES IN POSITION		TIME IN POSITION		Current Certification or License No.
From: (Start Date)	To: (End Date)	Years:	Months:	

Present Title: _____

Please describe in detail your actual operator experience as related to the certification type for which you are applying. **(Please be specific)**

**Attach additional pages as necessary.*

CERTIFICATE OF APPLICANT (APPLICATION MUST HAVE ORIGINAL SIGNATURE FROM BOTH APPLICANT AND SUPERVISOR)

We hereby certify that the information presented in this application is true and accurate to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, this application may be rejected and any certification received as a result of the application may be revoked. Furthermore, I understand that all application fees are non-refundable or non-transferable.

Signature

Date:

Please check a Payment Type: Enclosed Check/MO # _____ I will PAY Online upon receipt of email confirmation.

UOCP Office Use Only. Do not write in this box:

Training Credits: _____ Needs: _____

Water: Experience Yrs. _____ Mo. _____ As of ____/____/____ Approved By: _____ Rejected By: _____

Wastewater: Experience Yrs. _____ Mo. _____ As of ____/____/____ Approved By: _____ Rejected By: _____

COMMENTS:

Payment \$ Amount Rec'd: _____ Date PAID: _____

CK/MO/Online #: _____

APPROVAL CONFIRMATION NOTICE

Effective March 16, 2020, upon approval applications will receive an electronic confirmation sent by email to the address on file