

# Application for Water Utility Operator Certification

USEPA Region 6 Tribal Operator Certification Program

### Administered by

The Environmental Finance Center  
901 University Blvd. SE  
Albuquerque, NM 87106  
Contact: Susan Butler  
(505) 272-7356

- ✓ Please read the instructions carefully before completing this form.
- ✓ We need **all** information in order for us to approve your application. Incomplete or illegible applications will be returned without being processed.
- ✓ **PLEASE TYPE OR PRINT CLEARLY IN INK!**

## Section A. Applicant Information

Name \_\_\_\_\_ Current Level: Treatment \_\_\_\_\_  
 First Middle Last Distribution \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_

## Section B. Water DISTRIBUTION

- I am applying to take the Certification Examination. (Circle appropriate Level.)  
 Level 1      Level 2  
 Level 3      Level 4
- I am applying for Reciprocity. (Circle your current certification Level.)  
 Level 1      Level 2  
 Level 3      Level 4  
 Other \_\_\_\_\_

Certifying Entity \_\_\_\_\_  
 Certification Number \_\_\_\_\_  
 (Please submit a copy of your current certificate with this application.)

- I am applying for Certification Renewal. (Circle your current certification Level.)  
 Level 1      Level 2  
 Level 3      Level 4

### For Office Use Only

Application ID # for Distribution \_\_\_\_\_

## Section C. Water TREATMENT

- I am applying to take the Certification Examination. (Circle appropriate Level.)  
 Level 1      Level 2  
 Level 3      Level 4
- I am applying for Reciprocity. (Circle your current certification Level.)  
 Level 1      Level 2  
 Level 3      Level 4  
 Other \_\_\_\_\_

Certifying Entity \_\_\_\_\_  
 Certification Number \_\_\_\_\_  
 (Please submit a copy of your current certificate with this application.)

- I am applying for Certification Renewal. (Circle your current certification Level.)  
 Level 1      Level 2  
 Level 3      Level 4

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Application ID # for Treatment \_\_\_\_\_

**Section D. Work Experience – Current Position**

Water System Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor’s Name \_\_\_\_\_

Your Current Title \_\_\_\_\_

Length of employment: **from** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ **to** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Please describe your duties and responsibilities with the water system. If you also have additional duties, please indicate the amount of your time (in hours or percentages) that you spent on the water system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Add additional sheets if necessary)

*(Please have your supervisor verify your current work experience by completing Section F.)*

**Section E. Work Experience - Previous Positions (If you do not not have enough experience for the certification level for which you are applying.)**

Water System Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor’s Name \_\_\_\_\_

Your Title at Previous Position \_\_\_\_\_

Length of employment: **from** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ **to** month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Please describe your duties and responsibilities with the water system. If you also had additional duties, please indicate the amount of your time (in hours or percentages) that you spent on the water system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please have your supervisor verify your previous work experience by completing Section G.)*

*(Attach additional sheets or make additional copies of this page if necessary.)*

**Section F. Verification of Work Experience** *(Applicants for reciprocity do not need to complete this Section)*

Complete this Section for the Applicant's **current** position.

*(Supervisor must complete this section or application will be returned.)*

I hereby certify that \_\_\_\_\_ is employed by  
the \_\_\_\_\_ Water System and performs operating duties as stated.

The applicant has performed these operating duties **from** month \_\_\_ day \_\_\_ year \_\_\_ **to** month \_\_\_ day \_\_\_ year \_\_\_

Name of Supervisor (Print clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Phone

**Section G. Verification of Work Experience** *(Applicants for reciprocity do not need to complete this Section)*

Complete this Section for the Applicant's **previous** position.

*(Supervisor must complete this section or application will be returned.)*

I hereby certify that \_\_\_\_\_ was employed by  
the \_\_\_\_\_ Water System and performed operating duties as stated.

The applicant performed these operating duties **from** month \_\_\_ day \_\_\_ year \_\_\_ **to** month \_\_\_ day \_\_\_ year \_\_\_

Name of Supervisor (Print clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Phone

*(You may make copies of this sheet if necessary.)*

**Section H. Level of Education**

*(Please attach a copy of your HS Diploma or GED, or college transcript with this application. Your application will not be complete unless you include the attachments.)*

**High School Education (Check one)**

- High School Diploma
- GED Certificate

**Technical/Vocational School**

Certificate Earned \_\_\_\_\_  
 Number of Credits \_\_\_\_\_

**College – Undergraduate**

- Degree
- Classes, no degree
- Number of credits \_\_\_\_\_

**College - Graduate**

Degree  
 Classes, no degree  
 Number of credits

**Section I. Continuing Education Hours**

*(Please attach a copy of training credits with this application. Your application will not be complete unless you include the attachments.)*

<u>Name of Training or School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Brief Description</u>
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**Section J. Certificate of Applicant**

I hereby certify that the information presented in this application is true and complete to the best of my knowledge. I understand that if an investigation discloses any discrepancies in the information provided, my application may be rejected and any certification received as a result of this application may be revoked.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

*Application cannot be processed without original signature. Faxed applications will not be accepted. Please make check out to "New Mexico Tech." Please submit this application, along with the required fees to:*

**USEPA Region 6 Tribal Operator Certification Program**  
**Environmental Finance Center**  
**901 University Blvd. SE**  
**Albuquerque, NM 87106**

Fee for Certification Examination : \$20