

# Re-Testing

## Application for Water Utility Operator Certification

USEPA Region 6 Tribal Operator Certification Program

### **Administered by**

The Southwest Environmental Finance Center at UNM

MSC01 1070, 1 University of New Mexico

Albuquerque, NM 87131

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

### **Section A. Applicant Information**

Name \_\_\_\_\_ Current Certification: Treatment Level: \_\_\_\_\_  
(First) (M) Last Distribution Level: \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Is this work \_\_\_\_\_ or personal? \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 digits of Soc. Sec. No. \_\_\_\_\_

### **Section B. Water DISTRIBUTION**

Retesting Level (*Circle appropriate Level.*)

Level 1                  Level 2

Level 3                  Level 4

Current Certification (if any): \_\_\_\_\_  
(*Please submit a copy of your current certificate*)

Previous Examination & Level: \_\_\_\_\_

Date of last testing: \_\_\_\_\_

### **Section C. Water TREATMENT**

Retesting Level (*Circle appropriate Level.*)

Level 1                  Level 2

Level 3                  Level 4

Current Certification (if any): \_\_\_\_\_  
(*Please submit a copy of your current certificate*)

Previous Examination & level: \_\_\_\_\_

Date of last testing: \_\_\_\_\_

**Section D. Current Employment**

Has your position or job description changed since you submitted your previous application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how it has changed. Describe additional duties and responsibilities

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**Section E. Testing Method**

Choose preferred method of testing with a ✓

Paper Based: \_\_\_\_\_ Computer Based: \_\_\_\_\_ Online AMP Testing \_\_\_\_\_

**Section F. 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.

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

**Mailing Address:**  
**Operator Certification Program**  
**The Southwest EFC/Civil Engineering Dept.**  
**MSC01 1070, 1 University of New Mexico**  
**Albuquerque, NM 87131**  
**Email: swefc@unm.edu**