

# 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

**New Level** (*Circle appropriate Level.*)

Level 1      Level 2

Level 3      Level 4

**Re-testing** (*Circle appropriate Level.*)

Level 1      Level 2

Level 3      Level 4

**Certification Renewal.**  
(*Circle your current certification Level.*)

Level 1      Level 2

Level 3      Level 4

**Certification 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)

### Section C. Water Treatment

**New Level** (*Circle appropriate Level.*)

Level 1      Level 2

Level 3      Level 4

**Re-testing** (*Circle appropriate Level.*)

Level 1      Level 2

Level 3      Level 4

**Certification Renewal.**  
(*Circle your current certification Level.*)

Level 1      Level 2

Level 3      Level 4

**Certification 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)

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

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Cell \_\_\_\_\_

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

Supervisor's Name \_\_\_\_\_

Length of employment: **Begin** (mm/dd/yr): \_\_\_\_\_ **End:** (mm/dd/yr): \_\_\_\_\_

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.

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

**Section E. Previous Work Experience - Positions**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Length of employment: **Begin** (mm/dd/yr): \_\_\_\_\_ **End** (mm/dd/yr) \_\_\_\_\_

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

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*(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)*

Supervisor, please 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 \_\_\_\_\_

\_\_\_\_\_ Water System and performs operating duties as stated.

The applicant has performed these operating duties **from** (mm/dd/yr) \_\_\_\_\_ **to** (mm/dd/yr) \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor sign

\_\_\_\_\_  
Date

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

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

Supervisor, please complete this section for the applicant's **previous** position.

I hereby certify that \_\_\_\_\_ was employed by \_\_\_\_\_

\_\_\_\_\_ Water System and performed operating duties as stated.

The applicant performed these operating duties **from** (mm/dd/yr): \_\_\_\_\_ **to** (mm/dd/yr); \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor Sign

\_\_\_\_\_  
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 taken, no degree
- \*Number of credits \_\_\_\_\_

College - Graduate

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

**Section I. Continuing Education Hours**

*(Please attach a copy of training credits with this application. If you have taken EFC trainings, we already have your certificate copies on file. Your application will not be complete unless you include the attachments from other trainings.)*

<u>Training/School Name</u>	<u>Location</u>	<u>Dates</u>	<u>Brief Description</u>

**Section J. Testing Method**

Choose preferred method of testing with a ✓

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

**Section K. 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**