

# Reciprocity

## 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: \_\_\_\_\_

### Section B. WATER DISTRIBUTION

I am applying for reciprocity for:  
(Circle your current certification Level.)

Level 1                  Level 2

Level 3                  Level 4

Current Certification: \_\_\_\_\_

Certifying Entity: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Certification Number: \_\_\_\_\_

*(Please submit a copy of your current certificate with this application.)*

### Section C. WATER TREATMENT

I am applying for reciprocity for:  
(Circle your current certification Level.)

Level 1                  Level 2

Level 3                  Level 4

Current Certification: \_\_\_\_\_

Certifying Entity: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Certification Number: \_\_\_\_\_

*(Please submit a copy of your current certificate with this application.)*

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

Water System Name \_\_\_\_\_ PWS # \_\_\_\_\_

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

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

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

Length of employment: from (mm/dd/yr) \_\_\_\_\_ to (mm/dd/yr) \_\_\_\_\_

If you duties and responsibilities with the water system have changed since you initial application, please describe. 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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**Section E. Verification of Work Experience**

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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

**Section F. Continuing Education Hours**

*(If you have attended any training since receiving your certification, please fill out this section and attach copies of training credits with this application. If you have attended EFC trainings, we already have your training details and have copies of that. If you have not attended any training, you do not need to fill out this section. However, once reciprocity is granted, you will be required to obtain the appropriate number of continuing education hours for renewal.)*

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

**Section G. 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**  
**swefc@unm.edu**