

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: _____

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

Section E. Testing Method

Choose preferred method of testing with a ✓

Paper Based: _____ Computer Based: _____ Online AMP Testing _____

Section F. Certificate of Applicant

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. I acknowledge that my exam results may be shared with my supervisor upon request, unless I choose the opt out option below.

I opt out of sharing my results with my supervisor if requested

Applicant's Signature: _____ Date: _____

Contact Address
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