New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Third Party Evaluator Application Form

LW 904B2f

You must submit this completed application along with all required documentation listed on the bottom of this page for your application to be deemed "complete."

NOTE: This application is required for any third party evaluators who does not meet the qualification requirements under Section 904(B)(2)(a) through (e), and who are seeking qualification under Section 904(B)(2)(f) of the New Mexico Liquid Waste Disposal and Treatment Regulations 20.7.3 NMAC.

If you are a CID licensed contractor with an MM-1, MM-98, MS-1 or MS-3 license you do not need to submit an application. If you are PE, RS, REHS, accredited by NSF or a NEHA installer you do not need to fill out this application.

Name of Applicant	***Email Address***
Name of Company	***Phone Number***
Mailing Address	*City, State, Zip*

Professional Experience

1. Do you have at least 3 years of professional experience inspecting and evaluating onsite liquid waste systems in New Mexico? *(Must provide evidence of experience, signed and dated evaluations)*	**YES**	**NO**
2. Are you currently certified by the National Association of Wastewater Technicians (NAWT) as an onsite system (spetic, liquid waste) Inspector?	**YES**	**NO**
3. What date does your Current NAWT Inspector certification expire?	*NAWT Expiration Date:*	
4. How long have you been certified by the National Association of Wastewater Technicians (NAWT) as an inspector?	*Years of experience:*	

By signing below, I acknowledge that I have read the Liquid Waste Disposal and Treatment Regulations and I understand the sections of the regulations that pertain to working as a Third Party Evaluator. By signing below, I agree that the foregoing information is true and correct. I understand that I cannot make repairs to any system or its components, install risers, baffles, tees, lids, clean-outs, or do any other work which is beyond the scope of work which requires a CID license. I understand that if I should perform any of this work without the appropriate CID license, this Third Party Evaluator certification will be revoked by NMED and a letter will be sent to NAWT seeking their revocation as well. I understand that I cannot perform evaluations on advanced treatment systems or unpermitted systems. **I also understand that it is my responsibility to submit my NAWT renewal certifications to NMED prior to the expiration of my certification.**

Third Party Evaluator Name Printed	*Third Party Evaluator Signature*	*Date*

NMED LIQUID WASTE QUALIFICATION CERTIFICATE FEE	☐ Third Party Evaluator Qualification Certificate $50		
Total Fee Paid	***Check number:***	***Date Paid***	***Payment Received By***

Third Party Evaluator Application Submittal Requirements

Applications missing the below listed items will be denied and returned without action.
Circle Yes or No as applicable

YES	**NO**	**Third Party Evaluator Application Form**- Completed and signed
YES	**NO**	**Copy of NAWT Inspector Certification** – must be current and valid
YES	**NO**	**Professional Experience –** attach a letter which describes your professional experience; this should include how many years you have been inspecting and evaluating on-site liquid waste systems in New Mexico.
YES	**NO**	**Attach copies of 3 Property Transfer Evaluations/Inspections that you have completed**. Submit one evaluation form for each of the three years that you have been conducting these evaluations/inspections in 2013 and prior years. These evaluation / inspection forms must have your signature on them as the evaluator/inspector.

Please send your complete application to:
Michael Broussard, EHB Liquid Waste Program, 2540 Camino Edward Ortiz, Santa Fe, NM 87507; Fax 505-827-1839
For more information please contact Michael Broussard at michael.broussard@state.nm.us or 505-476-9125

Third Party Evaluator Qualification Application	☐ *Approved*	☐ *Denied*	☐ *Incomplete*

Applicant notification, date, via, provide comments:

Approved Date:	*Certificate Number:*	*Qualification Expiration Date:*
NMED Official Name Printed:	*NMED Official Signature:*	*Date:*