New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Installer Specialist Renewal Application Form
LW 904E5

Installer Specialist RENEWAL Application Form

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

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

CID Licensure *Which CID License(s) do you currently hold? (circle applicable)*

MM-1 MM-98 MS-1 MS-3	*License Expiration Date:*

Approved Continuing Education Units

Have you completed 16 hours of training credits approved by NMED for this Installer Specialist category within the past 3 years? (Note: Training CEUs must be approved by NMED to meet KSAs for this category of certification)	**YES**	**NO**

Compliance and Criminal Convictions

1. Have you been issued any Compliance Orders within the past 3 years for violation of any provision of the Liquid Waste Regulations 20.7.3 NMAC?	**YES**	**NO**
2. Have you had any criminal convictions pursuant to NMSA 1978, Section 74-1-10 within the past five years for violation of any provision of the Liquid Waste Regulations 20.7.3 NMAC?	**YES**	**NO**

By signing below, I ackcnowledge that I have read the Liquid Waste Disposal and Treatment Regulations and I understand the sections of the regulations that pertain to performing as an Installer Specialist. By signing below, I agree that the foregoing information is true and correct.

Installer Specialist Name Printed	*Installer Specialist Signature*	*Date*

NMED LIQUID WASTE QUALIFICATION CERTIFICATE FEE	☐ *Installer Specialist Renewal Qualification Certificate $75*

Total Fee Paid	***Check number:***	***Date Paid***	***Payment Received By***

Installer Specialist Renewal Application Submittal Requirements

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

YES	**NO**	**Installer Specialist Renewal Application Form-** Completed and signed
YES	**NO**	**Copy of CID License** – must be current and valid
YES	**NO**	**Copy of CEU Certificates** showing 16 hours of CEUs completed within the past 3 years of this application date. All CEUs must pertain to the installation of onsite systems. Applicant must demonstrate that the CEUs have been approved for Installer Specialist by the department or include documentation that allows NMED to make determination as whether these CEUs meet KSAs for this category of certification. Course outlines to include instructor qualifications may be submitted for review and approval prior to completing courses or attending conferences.

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

Installer Specialist Renewal	☐ *Approved*	☐ *Denied*	☐ *Incomplete*

Applicant notification, date, via, provide comments:

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