



STATE OF NEW MEXICO

# Environment Department

**MICHELLE LUJAN GRISHAM, GOVERNOR**

James C. Kenney, Cabinet Secretary

## Utility Operator Certification Program DRINKING WATER BUREAU

### Present Operator Employment Experience

Applicant Name: \_\_\_\_\_  
(please print)

Operator no.: \_\_\_\_\_  
(if applicable):

Company Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Present Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

From (Start Date): \_\_\_\_\_ To (End Date) (leave blank if current): \_\_\_\_\_

Time in Position (Years and Months): \_\_\_\_\_

System Name, Discharge Permit, or NPDES Permit: \_\_\_\_\_

Please describe in detail your actual operator experience as related to the exam for which you are applying - be specific!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, you attest to this information being true and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date