New Mexico Operator Training Review Application and Review Matrix

PSTB use only: Approved \_\_\_ Approved w/ conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Information on Training Company |  |
| Company name |  |
| Company address |  |
| Company contact info (phone, email, cell) |  |
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| --- | --- |
| Information on Proposed Trainer |  |
| Trainer name |  |
| Trainer address |  |
| Trainer contact info (phone, email, cell) |  |
|  |
| Detailed description of trainer’s experience, education and qualifications to conduct training: |
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| --- | --- | --- |
| Training elements: | PSTB use only | Comments, Citation to training materials: |
| Gen’l overview of program, admin reqmts  |  |  |
|  Reg forms & certifs, filing & modifying |  |  |
|  Notice and reqmts for install, repair, etc. |  |  |
|  Suspected & confirmed rel reporting |  |  |
|  Annual tank fees & invoicing process |  |  |
|  Maintaining & demonstrating FR |  |  |
|  Inspections, checklists |  |  |
|  Enforcement process for violations |  |  |
| Other tank regs (fire codes, OSHA, etc) incl |  |  |
|  emergency response training |  |  |
| Spill prevention & Overfill protection |  |  |
|  Rule reqmts including record-keeping |  |  |
|  Equipment reqmts incl product compatibility |  |  |
|  Operation & maintenance records |  |  |
| Release detection |  |  |
|  Rule reqmts including record-keeping |  |  |
|  Monit & equipmt reqmts, incl 3d party |  |  |
|  Operation & maintenance records |  |  |
| Corrosion protection |  |  |
|  Rule reqmts including record-keeping |  |  |
|  Equipment reqmts |  |  |
|  Operatn & maintnce, incl periodic insp |  |  |
| Classes of operators & reqmts |  |  |
|  Training, materials, tracking of Class Cs |  |  |
| Temp and perm closure |  |  |
|  Rule reqmts including record-keeping |  |  |
|  Return to service |  |  |
|  Site assessment |  |  |
|  Change in service |  |  |
| Tank installer certification reqmts |  |  |
|  Rule reqmts including record-keeping |  |  |
|  When certifd installer required |  |  |
|  How to verify certifd installer status |  |  |
| Type of training: 3rd party, in-house, educ |  |  |
| Where you will offer training (locations) |  |  |
| How often you will offer training |  |  |
| What fee you will charge for training |  |  |
| Minimum size of class (if applicable) |  |  |
| To whom training offered (public, in-house) |  |  |
| How training delivered (live, internet, other) |  |  |

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| --- | --- | --- |
| Please attach the following: | Title of attachment or citation | PSTB Use Only |
| Training agenda |  |  |
| Training materials or book |  |  |
| Final test# |  |  |
| Documents certifying operators+ |  |  |
| Monthly inspection checklist |  |  |
| Materials for Class C operators |  |  |
| Proposed fee schedule |  |  |
| Proposed training calendar |  |  |

# If you do not propose to give/use a final test, on an additional sheet please explain how you will evaluate attendee success.

+ These documents could include certificates, wallet cards, etc. Please attach samples.

***Note: Within 15 days after the PSTB receives this application, the PSTB will notify you of whether the application is complete. Within 90 days after receipt, PSTB will provide approval, denial, or a request for more information. Please contact Sushila Khadka at*** ***Sushila.Khadka@state.nm.us*** ***or 505-470-2759 for information on the status of your application.***

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**I hereby state that all information submitted in this application is true and correct, that I have read and will comply with the training requirements of 20.5.104 NMAC, and that I agree to allow a maximum of two PSTB employees to attend any training class on request without charge and without certification (except a reasonable charge for copying and materials, which shall be $\_\_\_\_\_).**

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUSCRIBED AND SWORN to before me on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print or type name).

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

 Notary Public (signature)

My commission expires:

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