

**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)	

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:	

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: 3 <sup>rd</sup> 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)		

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 whether the application is complete; please contact Antonette Cordova at 505-476-4392 for information on the status of your application.**

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