



# Renewal Application

## ABC Operator Trainers

Nevada Division of Environmental Protection  
Corrective Actions Certification Program  
901 S. Stewart Street Suite 4001  
Carson City, NV 89701 - 5249

**FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

### CONTACT INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

Certification #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS ADDRESS

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

Business Address: \_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_

**Submit any changes in your contact information to NDEP via the [Certification Database](#) as soon as possible so information from this office will be sent or emailed to the correct address.**

### NEVADA BUSINESS LICENSE (Please attach a copy of your current Business License.)

Provide proof of an appropriate license issued by the Nevada Secretary of State. (NRS 76)  
Information regarding a Nevada Businesses License can be found here: <http://nvsos.gov/sos/licensing>

Nevada Business License No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### TRAINING PROGRAM REQUIREMENTS (NAC 459.97235 & 40 CFR § 280.242, 40)

#### Class A and B Operator Training

1. Is your training program for Class A Operators, Class B Operators, or for both Class A and B Operators?
2. Is your training program an exam only, a course with an exam, or another method for evaluating Class A and/or B Operators?

3. Attach a complete copy of your Class A and/or B Operator Training Program including all related training materials and exams (if applicable). In the space below, note any substantial changes to your program from your last certification date.

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### **Class C Operators Training**

1. Is your Class C Operators training program an exam only, a course with an exam, or another method for evaluating Class C Operators?
2. Attach a complete copy of your Class C Operator Training Program including all related training materials and exams (if applicable). In the space below, note any substantial changes to your program from your last certification date.

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### **Training Record Keeping**

Attach an example of a training completion certificate or record showing at a minimum: trainee name, date trained, operator training class completed, the name of the trainer or examiner, and the training company name, address and telephone number.

### **CRIMINAL RECORD** Please check the appropriate box (NAC 459.972, Part 2d)

Have you ever plead guilty or nolo contendere in criminal proceedings, or been convicted of a crime?

Yes  No

If yes, provide below or attach a signed statement, under penalty of perjury, declaring the details of all pleas of guilty or nolo contendere in criminal proceedings and convictions of crimes.

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## ACKNOWLEDGMENT

An original or electronic signature must be submitted.

1. I hereby apply for renewal of my original certificate under the provisions of Nevada Administrative Code (NAC) 459.
2. UNDER PENALTY OF PERJURY, I DECLARE I CONTINUE TO MEET THE QUALIFICATIONS AND PERFORMANCE REQUIREMENTS OF NAC 459.970 - 459.9729.
3. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my renewal of certification in this program and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
4. I certify that I will conform to the requirements of NAC 459 related to certification as an ABC Operator Trainer.
5. I declare that any statement in this application or information provided as part of this application is true and complete. I understand that if I provide false information, I may subject myself to the penalty provisions of NRS 459.595 and appropriate disciplinary action including revocation of certification.

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Original Signature

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Date

## APPLICATION FEE (NAC 459.97235, Part 1b)

A non-refundable fee in the amount of **\$100.00** must accompany this application. Make your check or money order payable to the **NDEP**. Please be aware that checks returned by the bank without payment will result in a letter from the State indicating that you will have fourteen (14) days from the date of the letter to make payment of the full amount of the check plus a \$25.00 returned check charge (NAC 353C.400). In addition, a hold will be placed on your file until adequate payment is received.

## MISCELLANEOUS INFORMATION

1. The information supplied in this application will be used to determine eligibility for certification. All information requested is necessary, and if not provided, the application may be rejected.
2. The NDEP has six (6) weeks after receipt of all required materials to determine eligibility for certification. You will receive a written notice of the determination.
3. Submit application, and check or money order to:

**Nevada Division of Environmental Protection  
Bureau of Corrective Actions  
Certification Branch  
901 S. Stewart Street, Suite 4001  
Carson City, Nevada 89701 - 5249**

Please refer any questions to NDEP Bureau of Corrective Actions: (775) 687-9368 or [cert\\_info@ndep.nv.gov](mailto:cert_info@ndep.nv.gov).