



New Mexico SWANA Roadrunner Chapter
P.O. Box 28402
Santa Fe, NM 87592-8402
roadrunnerswana@gmail.com

TRANSFER STATION FACILITY OPERATOR CERTIFICATION COURSE REGISTRATION FORM

AUGUST 26-28, 2025
SANTA FE, NM
COST: \$350

TRAINING LOCATION:
NEW MEXICO ENVIRONMENT DEPARTMENT
LARRAZOLO AUDITORIUM
HAROLD RUNNELS BUILDING
1190 ST. FRANCIS DRIVE
SANTA FE, NM 87502

REGISTRATION ENDS AUGUST 15, 2025

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

IF MORE THAN ONE PERSON FROM YOUR COMPANY/ORGANIZATION WILL REGISTER FOR THE COURSE, PLEASE COMPLETE THE SECOND PAGE.

PAYMENT METHODS (check one)

_____ **Invoice**

_____ **Purchase Order: The New Mexico SWANA Roadrunner Chapter will send the company/organization a quote for a PO. After receiving the PO, an invoice will be sent.**

Email the registration form to Randall Kippenbrock at rkippenbrock@sfswwa.org.

Do you have questions about the Transfer Station Operator Certification Course? Contact Stephanie Mosley at (505) 424-1850, ext. 170 or smosley@sfswwa.org.

Cancellation Policy:

Course registration may be canceled with a full refund at any time before August 15, 2025, with written notification to the New Mexico SWANA Roadrunner Chapter. No refunds will be made after this date. Registration fees may be transferred to another individual before August 15, 2025, with written notification to the New Mexico SWANA Roadrunner Chapter.

TRANSFER STATION FACILITY OPERATOR CERTIFICATION COURSE

AUGUST 26-28, 2025

SANTA FE, NM

REGISTRATION FORM – PAGE 2

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____

FIRST NAME: _____ **LAST NAME:** _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **CELL PHONE:** _____