

State of New Jersey
Department of Environmental Protection
Examinations and Licensing Unit
Mail Code 401-04E
PO Box 420
Trenton, NJ 08625-0420

LICENSED OPERATOR IN CHARGE EMPLOYMENT NOTIFICATION FORM

<p><u>SECTION I</u></p> <p>Applicant Phone Numbers: 1. Home: _____ 2. Business: _____ 3. Emergency: _____</p> <p>Applicant Signature: _____</p> <p>Applicant Name: _____ (please print)</p> <p>Home address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Applicants License No(s): _____</p> <p>License Class(es): _____</p> <p>Date: _____</p>	<p><u>SECTION II</u></p> <p>Facility Name: _____</p> <p>Facility Classification: _____</p> <p>Mailing Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>County/Municipality: _____</p> <p>ID Number (PW or NJPDES): _____</p> <p><input type="checkbox"/> This is a request to be the operator in charge at the above facility.</p> <p><input type="checkbox"/> *This is notification that on _____ I shall no longer be the operator in charge at the above facility. If you have checked this box, do not complete Section III and IV of this form.</p>
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SECTION III

Your request to operate the above facility, as the licensed operator in charge will be considered provided this form, is complete in its entirety. **NO ACTION WILL BE TAKEN IF DATA AND SIGNATURES ARE MISSING.**

1. Have you been to the plant to evaluate the time required to operate the facility efficiently? Yes No
2. Hour(s) per week to be devoted to said operations by you _____? By others _____
3. Name(s) and number(s) of person responsible or available during your unavailability?

Name	Phone No.	Name	Phone No.
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SECTION IV

STATEMENT FROM REQUESTING FACILITY

Please be advised that the facility known as _____ will be utilizing the services of the above applicant as the licensed operator for their system with the following classification(s): _____. I acknowledge that _____ will be the person responsible during the unavailability of the applicant.

Signature (authorized representative of requesting facility)	Printed Name	Title
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FOR OFFICE USE ONLY

To: Applicant Ref.# _____

From: Examinations and Licensing Unit Date: _____
Department of Environmental Protection

This request has been processed and the records updated accordingly. Any changes in this employment should be forwarded to this office at least two weeks prior to the job termination by completing another DEP-065 Licensed Operator In Charge Employment Notification Form. If you have any questions, please contact the Examinations & Licensing Unit at (609) 777-1013.