DEP-065
01/2016

State of New Jersey
Department of Environmental Protection
Licensing and Pesticide Operations
Mail Code: 401-04E, PO Box 420
Trenton, New Jersey 08625-0420
www.nj.gov/dep/exams

LICENSED OPERATOR IN CHARGE EMPLOYMENT NOTIFICATION FORM-WASTEWATER

SECTION I	**SECTION II**
Applicant Phone Numbers: 1. Home: 2. Business: 3. Emergency _____ _____ _____ Applicant Signature: _____ Applicant Name: _____ (please print) Home address: _____ City: _____ State:_____ Zip:_____ Applicants License No(s): _____ License Class(es): _____ Employment Start Date: _____	Facility Name: _____ Facility Classification: _____ Mailing Address: _____ City_____ State _____ Zip _____ County/Municipality: _____ NJPDES Number: _____ ☐ This is a request to be the operator in charge at the above facility. ☐ *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**.

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. I will devote ____ hours per ☐ week ☐ month.
3.   Name(s), license classification(s), and contact number(s) of licensed individual responsible and available during your unavailability?

_____ _____ _____ _____
 Name   License Class/No.   Phone No.   Name   License Class/No   Phone No.

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 licensed individual responsible during the unavailability of the applicant.

_____ _____ _____
Signature (authorized representative of requesting facility)   *Printed Name*   *Title*

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 Licensing Unit (609) 292-4911.

FOR OFFICE USE ONLY

To: Applicant   **Date Recorded:** _____
From: The Licensing and Pesticide Operations
        Department of Environmental Protection

This request has been processed and the records updated accordingly.