



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER

REQUEST FOR REIMBURSEMENT OF DRINKING WATER
OPERATOR CERTIFICATION TRAINING EXPENSES

- Fill out this form completely.
- Include/Attach the following:
 - All receipts of incurred expenses for which you are seeking reimbursement (for expenses incurred on or after September 1, 2002 only)
 - A copy of applicable course completion certificate(s)
 - A copy of the Notice to Appear letter for a T-1 or W-1 examination (for Intro course only)
 - State of New Jersey Payment Voucher (Vendor Invoice) form
 - Complete sections D and F only
 - State of New Jersey W-9 questionnaire form
 - Complete Name/Address portion and lines 4 and 6 of Part I only
- Submit to:
 - N.J. Department of Environmental Protection
 - Bureau of Safe Drinking Water
 - Attn: Joseph duRocher
 - Mail Code 401-04Q
 - P.O. Box 420
 - Trenton, New Jersey 08625-0420

Name: _____
First MI Last

Address: _____
No. & Street

City State Zip Code

Phone No.: (_____) _____
Area Code

For what course(s) are you seeking reimbursement? (circle all that apply and fill in amount):
Note: If course is divided into two parts, you must complete both parts to qualify for reimbursement

Introduction to Water & Wastewater Operations Amount: \$ _____
Advanced Water Operations Amount: \$ _____

For what textbooks are you seeking reimbursement? (Circle all that apply and fill in amount):
Note: Maximum reimbursement allowed for text is limited to the price charged by California State University – Sacramento, Office of Water Programs

Water Treatment Plant Operation – Volume I Amount: \$ _____
Water Treatment Plant Operation – Volume II Amount: \$ _____
Water Distribution System Operation & Maintenance Amount: \$ _____
Utility Management Amount: \$ _____

Total Amount of Reimbursement Requested: \$ _____

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|-------------------------------|-----------------|----------------------|
| <u>NJDEP USE ONLY</u> | | Date received: _____ |
| Approved: | Amount \$ _____ | |
| Disapproved: | Amount \$ _____ | |
| Reason for disapproval: _____ | | |
| | | |
| Signature: _____ | Date: _____ | |