

**New Jersey Department of Health
PUBLIC HEALTH LICENSING AND EXAMINATION BOARD
P.O. Box 360
Trenton, New Jersey 08625-0360**

**INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST EXAMINATION**

Please enclose an application filing fee of \$50.00 in the form of a check or money order made payable to "*Treasurer, State of New Jersey.*" Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank for insufficient funds, the next step in the process will be delayed until the fees are paid.

The Public Health Licensing and Examination Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

If the application process is not completed within one calendar year, your application will be discarded and you will need to reapply with full payment.

Licensure requirements are subject to change as a result of new legislation or rules, or due to new policies and procedures that may be adopted by the Board. Applicants must meet current requirements.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

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DO NOT WRITE IN THIS SPACE

APPLICATION FOR
REGISTERED ENVIRONMENTAL HEALTH SPECIALIST
EXAMINATION

Before filling out application familiarize yourself with the qualifications for admission to this examination in N.J.A.C. 8:7.
Please print clearly. You must answer all of the questions on this application.

CHECK THE EXAMINATION DATE FOR WHICH YOU ARE APPLYING:

May November

1. **Name:** _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

2. **Address:**
 Home: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

(Telephone Number (Including Area Code)) (Email Address)

Business: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

Mailing: _____
(Street Address or PO Box) (County)

(City) (State) (ZIP + Four)

3. **Date of Birth:** _____ **Place of Birth:** _____
(Month/Day/Year) (City) (State)

4. ***Social Security Number:** _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law and N.J.S.A. 54:50-25 of the New Jersey taxation law, the Department is required to obtain your Social Security number. Pursuant to these authorities, the Department is also obligated to provide your Social Security number to: (a) the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and (b) the Probation Division or any other agency responsible for child support enforcement, upon request. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one.

