

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
LICENSING AND REGISTRATIONS
Mail Code 401-04E, PO Box 420
Trenton, NJ 08625-0420

STATEMENT OF QUALIFICATIONS

INSTRUCTIONS: This form must be completed by the DEP-recognized licensed operator in charge, describing the "applicant's" job title and duties. A separate form is to be completed by each DEP-recognized licensed operator in charge under whom you worked substantiating your operation/direct responsible charge experience. Each facility at which you worked must be documented. Only listing the "firm" as your employer is not acceptable. All experience must be submitted on this form. Please photocopy this form if you have more than one employer. Only forms with original signatures will be considered. If the applicant is trying to qualify for more than one exam, the same "statement of qualifications" may be used for all exam applications. **(EACH APPLICATION MUST HAVE AN ORIGINAL SIGNATURE, PHOTO COPYING OF SIGNATURES WILL NOT BE ACCEPTED)** If the applicant is applying for more than one exam, all individual applications must be sent in as a package. Failure to follow these procedures may result in the rejection of all applications.

APPLICANT NAME _____

EXAM TYPE (List appropriate-1, 2, 3, 4 or VSWS) S__ C__ N__ W__ T__ VSWS ____

APPLICANT JOB TITLE _____

PLACE OF EMPLOYMENT _____ NJPDES/PWSID# _____

LICENSE CLASSIFICATION(S) OF FACILITY _____

DATES OF EMPLOYMENT: From: _____ To: _____

I. OPERATING EXPERIENCE _____ YEARS _____ MONTHS

Application must contain this information.

II. DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE

_____ YEARS _____ MONTHS

Applications for classification 3 and 4 (S,W,T,C) and applications from out-of-state/reciprocity applicants for classifications 3 and 4 must contain this information.

III. TOTAL OPERATING AND DRC EXPERIENCE AT THIS FACILITY

_____ YEARS _____ MONTHS

Describe specific duties and job responsibilities performed while in the title indicated above. Include the percentage of time spent in each area.

OPERATIONS (Records, reports, equipment operating, sludge handling, process control functions, etc.)
_____ % of time

MAINTENANCE (Pumps, level controls, chlorination, etc.) **SEPARATE AND IDENTIFY CONVEYANCE VS. TREATMENT EXPERIENCE IN THIS AREA**
_____ % of time

LABORATORY PROCEDURE (Process control and regulatory testing)
_____ % of time

COLLECTION OR DISTRIBUTION (O & M procedures)
_____ % of time

RELEVANT MANUFACTURING AND/OR PROCESS EXPERIENCE (Industrial License Only)
_____ % of time

For VSWS, are you the administrator/owner of this facility? ____ Yes ____ No

Are you the DEP-recognized operator in charge at this place of employment? ____ Yes ____ No

If "NO" has been checked, list the reason why you have signed the Statement of Qualification and how you are able to verify this applicant's work experience. If the applicant is the licensed operator at this facility, his/her supervisor must certify their experience.

To the best of my knowledge, I certify the information provided on this statement of qualifications and any additional attachments is factual and accurate.

_____	_____
Print Name	Signature
_____	_____
Date	License class(es)/License number (s) currently held

To the best of my knowledge, I certify the information provided on this statement of qualifications and any additional attachments is factual and accurate.

_____	_____
Print Name	Signature
_____	_____
Date	License class(es)/License number (s) currently held