

APPLICATION FOR OWNER-USER INSPECTOR
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY & HEALTH
BUREAU OF BOILER AND PRESSURE VESSEL COMPLIANCE
P.O. BOX 392
TRENTON, NJ 08625-0392

C of C Number Issued: _____

(Do not write above this line)
PLEASE PRINT IN INK OR TYPE

1. I submit this application for a Certificate of Competency in accordance with my experience stated on this form.

Applicant Name: _____ Phone No.: _____ Cell Home Work

Street Address: _____ City: _____ State: _____ Zip: _____

2. Employed by: _____
(Enter name of Authorized Inspection Agency or Owner-User Organization)

Address of Employer: _____ City: _____ State: _____

Supervisor: _____ Title: _____ Phone No.: _____

3. List Type of License or Other Certification(s) Held:

License or Certification Name	Classification or Type	Expiration Date	Certification No.

Note: Include copies of all Certification documents when submitting this application.

4. Type of Owner-User Operation: API Nat. Bd. NJ

5. Name of Company where Certificate will be utilized: _____

6. Address of Company: _____ City: _____ State: _____ Zip: _____

7. Company Contact: _____ Title: _____ Phone No. _____

8. Has the Company you are working for Filed a Letter of Intent and an application pursuant to N.J.A.C. 12:90-5.18
 Indicate: Yes No (NOTE: IF "NO", LETTER AND OWNER-USER APPLICATION MUST ACCOMPANY THIS DOCUMENT)

9. Statement of Experience – List at least three, if applicable.

10. This application must be forwarded to the Department of Labor and Workforce Development, Division of Public Safety and Occupational Safety & Health, Bureau of Boiler and Pressure Vessel Compliance, P.O. Box 392, Trenton, NJ 08625-0392.

Employed By	Address	Position Held	Employment Period

11. The fee of **one-hundred (\$200.00) dollars**, in the form of check or money order, payable to the *Commissioner of LWD*, **must** accompany this application. This application must be properly endorsed below.

I swear that the statements and endorsements given are true.

Subscribed and sworn to before me
 this ____ day of _____ 2 _____

 Applicant's Signature/Date

 Notary Public

My commission expires on _____