



State of New Jersey

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SYSTEM ENGINEERING

EXAMINATION APPLICATION FOR LICENSE TO OPERATE

MAIL IN FORM

IMPORTANT: Read carefully before submitting your application

1. Fill in the information listed below.
2. Email a completed PDF application with supporting documents (transcripts, certification of completions) to operatorexams@dep.nj.gov. The subject line should include your name and the license type & classification for which you are applying. You must attach separate PDF files for Sections I, II, and III and your supporting documents. The Department will not review applications that are not submitted via email. DO NOT email a copy of this form containing your social security number and date of birth.
3. Print and mail a copy of this page with the \$70 application fee to:

N.J. Department of Environmental Protection
 Division of Water Supply & Geoscience
 Bureau Water System Engineering
 MAIL CODE 401-04Q
 401 E. State Street, PO Box 420
 Trenton, New Jersey 08625-0420

*Fill out a separate application for each examination
 Enclose a check or money order for \$70 for each exam type requested
 Make check payable to Treasurer, State of New Jersey*

Name _____ Date of Birth _____

License Type & Classification Sought: _____ Social Security Number: _____

Date Application Emailed: _____ Email Address: _____

Check Date _____ Check No. _____

CERTIFICATION OF APPLICANT

I hereby certify that there are no misrepresentations in my answers to the questions on this application.

Signature _____ Date _____