

**EXAMINATION APPLICATION FOR LICENSE TO OPERATE**  
**SECTION III: 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:** \_\_\_\_\_  
**License Type and Classification being sought:** \_\_\_\_\_

**APPLICANT JOB TITLE** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_ **NJPDES/PWSID#** \_\_\_\_\_

**LICENSE CLASSIFICATION(S) OF FACILITY** \_\_\_\_\_

**DATES OF EMPLOYMENT: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**I. OPERATING EXPERIENCE**

Application must contain this information

\_\_\_\_\_ YEARS          \_\_\_\_\_ MONTHS

**II. DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE**

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.

\_\_\_\_\_ YEARS          \_\_\_\_\_ MONTHS

**III. TOTAL OPERATING EXPERIENCE 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.**

**Signature of Licensed Operator of Record**

*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

\_\_\_\_\_

License class(es)/License number(s) currently held

\_\_\_\_\_

Signature of Licensed Operator of Record

\_\_\_\_\_

Date

**Signature of Applicant**

*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

\_\_\_\_\_

License class(es)/License number(s) currently held

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date