

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
EDUCATION ADVISORY COMMITTEE
REQUEST FOR ELIGIBLE TRAINING COST OR PROJECTS FUNDING
WASTEWATER OPERATORS ONLY**

Name of organization or person making request: _____

Address _____ Phone Number: _____
No. & Street

_____ *City State County Zip Code*

Contact Person Name _____ Phone Number: _____
First MI Last

Funding being requested for: _____

Name of Course: _____

Location: _____

Date(s) or Courses(s): _____

PLEASE NOTE:

•Reimbursement for individuals will require a certificate of completion, and/or passing grade of a C or higher (In college level course work only) together with proof of payment. In addition, your employer must submit a written statement indicating you will not be compensated for the course registration fees including books, etc.....

•Reimbursement for organization/companies must provide a brochure of the course, list of attendees.

Amount of Funding Requested: _____

Advisory Committee	<input type="checkbox"/> Approved	Date: _____
	<input type="checkbox"/> Disapproved	Amount: _____
Reason for disapproval: _____		

Signature: _____		

Please submit form to the following address:

NJDEP
LICENSING AND REGISTRATION
Mail Code 401-04E
PO Box 420
Trenton, New Jersey 08625-0420