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

☐ Approved Date: ______________________

☐ Disapproved Amount: __________________

Reason for disapproval: _______________________________________________________________

____________________________________________________

Signature: ____________________________________________

Please submit form to the following address:

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