



## State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

### CHECKLIST

#### Water and Wastewater Operator Licensing Examination Application

- Application - submit only revised form ADM-035 dated **11/18** (older versions will be returned)
- SOQ - submit only revised form ADM-035A dated **11/18** (older versions will be returned)
- SOQ - must be signed by the Licensed Operator in Charge
- Application is postmarked by applicable exam closing date (February 1, June 1, or September 1)
- Complete Social Security Number
- Actively monitored email address for notifications
- Enclose check or money order for \$70 fee for each exam type requested
- Provide proof of highest completed education (include w/ every application)
  - High School Diploma or Transcript
  - College Associate/Bachelor's Degree or Transcript
- Photocopy of Certificate of Completion for required courses (include w/ every application)
  - Introduction to Water and Wastewater (any Class 1 license)
  - Advanced Wastewater (Class S)
  - Advanced Collections (Class C)
  - Advanced Water (Treatment & Distribution - T/W)
  - Industrial Course (N)

#### **If courses were obtained via California State Sacramento Correspondence:**

T1: Water Treatment Plant Operations Volume I

T2: Water Treatment Plant Operations Volume I and Volume II  
Utility Management

W1: Water Distribution System Operation and Maintenance

W2: Water Distribution System Operation and Maintenance  
Utility Management

S1: Operation of Wastewater Treatment Plants Volume I

S2: Operation of Wastewater Treatment Plants Volume I & II  
Advanced Waste Treatment  
Utility Management

C1: Operation & Maintenance of Wastewater Collection Systems Volume I

C2: Operation & Maintenance of Wastewater Collection Systems Volume I & II  
Utility Management

N1-N4: Industrial Waste Treatment Volume I & II  
Utility Management

- Applicant signature and date

**Incomplete applications will be returned without review by the Board of Examiners**

*The State of New Jersey is an equal-opportunity employer. Printed on recycled and recyclable paper.*

**EXAMINATION APPLICATION FOR LICENSE TO OPERATE**

- Place an “X” in one of the boxes indicating the type and classification of the license for which you qualify to take an examination
- Fill out a separate application for each examination
- Please print or type

Public Water Distribution System – Lic. Class W-1  
 Public Water Distribution System – Lic. Class W-2  
 Public Water Distribution System – Lic. Class W-3  
 Public Water Distribution System – Lic. Class W-4

Public Water Treatment System – Lic. Class T-1  
 Public Water Treatment System – Lic. Class T-2  
 Public Water Treatment System – Lic. Class T-3  
 Public Water Treatment System – Lic. Class T-4

Public Wasterwater Treatment System – Lic. Class S-1  
 Public Wasterwater Treatment System – Lic. Class S-2  
 Public Wasterwater Treatment System – Lic. Class S-3  
 Public Wasterwater Treatment System – Lic. Class S-4

Industrial Wastewater Treatment System – Lic. Class N-1  
 Industrial Wastewater Treatment System – Lic. Class N-2  
 Industrial Wastewater Treatment System – Lic. Class N-3  
 Industrial Wastewater Treatment System – Lic. Class N-4

Public Wastewater Collection System – Lic. Class C-1  
 Public Wastewater Collection System – Lic. Class C-2  
 Public Wastewater Collection System – Lic. Class C-3  
 Public Wastewater Collection System – Lic. Class C-4

Very Small Water System – Lic. Class VSWS

**All statements made in this application, as well as any documents submitted as supporting evidence of qualification for this examination, are subject to investigation and verification. Falsification or misstatement of any material fact will be cause for rejection. Failure of the applicant to furnish all information and records requested may result in rejection of the application.**

CLOSING DATE:              FEBRUARY 1                       JUNE 1                       SEPTEMBER 1

**NOTE: Application must be postmarked by the appropriate closing date**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                     *First*                      *MI*                      *Last*

Address \_\_\_\_\_  
                     *No. & Street*

\_\_\_\_\_  
                     *City*                      *State*                      *County*                      *Zip Code*

Home Phone No. ( ) \_\_\_\_\_ Work Phone No. ( ) \_\_\_\_\_ Mobile Phone No. ( ) \_\_\_\_\_

\*SOCIAL SECURITY NO.: \_\_\_\_\_ \*EMAIL ADDRESS: \_\_\_\_\_  
 \*Failure to submit this information is an automatic rejection of this application

If seeking a reciprocal license, Yes  No  **Must submit** copy of your valid out of state license.

Have you previously filed an application for a license with the Departmental Protection? Yes  No   
 If yes, include date and type of license \_\_\_\_\_

Have you previously taken a Department of Environmental Protection examination for a license? Yes  No   
 If yes, how many times? \_\_\_\_\_

Which Department of Environmental Protection license(s) do you now hold? \_\_\_\_\_

**EDUCATION AND TRAINING RECORD**                      *(Documentation of Education and training is required)*

Do you have a high school diploma or equivalency certificate? Yes  No   
 Do you have a: [ ] College Degree in engineering or a related science  
                     (Specify related science degree e.g. physics, biology, chemistry) \_\_\_\_\_  
 [ ] College Degree not related to engineering or science  
 [ ] Associate Degree in engineering or a related science  
                     (Specify related science degree e.g. physics, biology, chemistry) \_\_\_\_\_

| NAME & LOCATION OF COLLEGE | DATES ATTENDED |    | MAJOR | DEGREE & DATE |
|----------------------------|----------------|----|-------|---------------|
|                            | From           | To |       |               |
|                            |                |    |       |               |
|                            |                |    |       |               |

Have you successfully completed any of the following approved courses in the subject matter required by the license being sought? (Submit photocopy of course certificate(s))

|  | NAME & LOCATION OF SCHOOL | DATE COMPLETED |
|--|---------------------------|----------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No    Introductory Course to Water & Wastewater Operations<br><input type="checkbox"/> Very Small Water System Course  |                           |                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    Advanced Course<br><input type="checkbox"/> Water Part I <input type="checkbox"/> Part II<br><input type="checkbox"/> Wastewater Part I <input type="checkbox"/> Part II |                           |                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    Collection System Course   |                           |                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    Industrial Wastewater Operations Course  |                           |                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    California State Sacramento Courses<br>Volume I ____<br>Volume II ____<br>Utility Management ____  |                           |                |

**WATER/WASTEWATER/COLLECTION SYSTEM/EMPLOYMENT RECORD** (Begin with present position and work back through applicable experience) **NOTE: All employment must be verified by a Statement of Qualifications, Form No. ADM- 035A, signed by the licensed operator in charge, as listed on DEP records.** If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be listed. Listing the consulting or contract operations firm only as your employer is not acceptable.

|  |   |  |  |
|--|---|--|--|
| NAME OF EMPLOYER   |   | NJPDES/PWSID#  |  |
| ADDRESS  |   | Facility Classification:                               |  |
| POSITION/TITLE   |   | DATES OF EMPLOYMENT<br>From:                      To:  |  |
| <input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME | IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK<br>_____ | DIRECT RESPONSIBLE CHARGE*<br>_____ Yrs.    _____ Mos. | OPERATING EXPERIENCE**<br>_____ Yrs.    _____ Mos. |

|  |   |  |  |
|--|---|--|--|
| NAME OF EMPLOYER   |   | NJPDES/PWSID#  |  |
| ADDRESS  |   | Facility Classification:                               |  |
| POSITION/TITLE   |   | DATES OF EMPLOYMENT<br>From:                      To:  |  |
| <input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME | IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK<br>_____ | DIRECT RESPONSIBLE CHARGE*<br>_____ Yrs.    _____ Mos. | OPERATING EXPERIENCE**<br>_____ Yrs.    _____ Mos. |

|  |   |   |   |
|--|---|---|---|
| NAME OF EMPLOYER   |   | NJPDES/PWSID#                                       |   |
| ADDRESS  |   | Facility Classification:                            |   |
| POSITION/TITLE   |   | DATES OF EMPLOYMENT<br>From: _____ To: _____        |   |
| <input type="checkbox"/> FULL TIME<br><br><input type="checkbox"/> PART TIME | IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK<br>_____ | DIRECT RESPONSIBLE CHARGE*<br>_____ Yrs. _____ Mos. | OPERATING EXPERIENCE**<br>_____ Yrs. _____ Mos. |

**\*Direct Responsible Charge Experience** (required only for Class 3 & 4 licenses) means active, daily, on-site supervision, including operation and maintenance responsibilities **in a system with a classification no less than one classification lower than the license sought. This experience must be gained while in possession of a license no less than one grade lower than the license sought.**

**\*\*Operating Experience** means the time spent in the satisfactory performance of operational duties at a system which is acceptable to the Board. For an industrial wastewater treatment system (N) license, manufacturing and process experience may be acceptable in lieu of operating experience.

**CERTIFICATION OF APPLICANT**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** *Read carefully before submitting your application*

- Have you answered all questions? Admission to examinations shall be dependent upon information furnished on this application.
- Have you signed and dated the application? Have you supplied your email address?
- Photocopy of the required course certificate(s) must be included.
- A Statement of Qualifications (Form ADM-035A) from each of the DEP approved licensed operators at the plant(s) listed on your employment record must accompany this application verifying your experience.
- Transcript of your college degree(s) and a copy of your high school diploma/equivalency certificate must be included to support your educational qualifications.
- As provided by N.J.S.A. 58:11-64 et. seq., **a nonrefundable application fee of \$70 is required.** Make check payable to: Treasurer, State of New Jersey
- **Send your application and fee with the necessary supporting documentation to:**

N.J. Department of Environmental Protection  
 BUREAU OF LICENSING AND REGISTRATIONS  
 MAIL CODE 401-04E  
 PO BOX 420  
 TRENTON, NEW JERSEY 08625-0420  
 PHONE: (609) 984-6507 FAX: (609) 292-1308  
[www.nj.gov/dep/exams](http://www.nj.gov/dep/exams)