

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LICENSING AND PESTICIDES OPERATIONS

EXAMINATION APPLICATION FOR LICENSE TO OPERATE
A VERY SMALL WATER SYSTEM
LICENSE CLASS - VSWS

All statements made in this application, as well as any documents submitted as supporting evidence of qualifications 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 PREFERENCE: FEBRUARY 15 MAY 15 SEPTEMBER 15

Note: Application must be postmarked by the appropriate closing date.

PLEASE PRINT OR TYPE

Name _____ Date of Birth _____
First MI Last

Address _____
No. & Street

_____ *City State County Zip Code*

**Social Security No. _____ Home Phone No. _____ Work Phone No. _____

****Failure to submit this information is an automatic rejection of this application.**

Are you seeking a license through the ABC reciprocal program? Yes No

Have you previously filed an application for a license with the Department of Environmental Protection? Yes No
If yes, state date and type of license _____

Have you previously taken a Department of Environmental Protection examination for a license? Yes No
If yes, for which license(s)? _____

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

EDUCATION & TRAINING RECORD (*Documentation of Education & Training is required.*)

Do you have a high school diploma of equivalency certificate? Yes No

- Do you have a:
- College Degree in engineering or related science (Specify the related science degree e.g. physics, biology, chemistry) _____
 - College degree not related to engineering or science
 - Associate Degree in engineering or related science (Specify the related science degree e.g. physics, biology, chemistry) _____
 - Post secondary vocational program acceptable to the Department of Environmental Protection

| 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)

| | NAME & LOCATION OF SCHOOL | DATES ATTENDED | |
|--|---------------------------|----------------|----|
| | | From | To |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Introductory Course to Water & Wastewater Operations | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No VSWS Course | | | |

WATER EMPLOYMENT RECORD

(Begin with present position and work back through applicable experience)

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

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

NOTE: The total operating experience requires for admittance to the examination is six months

**Operating Experience shall mean full time or equivalent time spent in the satisfactory performance of significant operational duties at a system which is acceptable to the Board.

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?
- Photocopy of the required course certificate(s) must be included.
- Transcript of your college degree(s) and a copy of your high school diploma/equivalency certificate must be included to support your educational qualifications.
- A Statement of Qualification (Form ADM-368B) from each of your employers listed on your employment record must accompany this application verifying your experience.
- **Send your application with the necessary supporting documentation to:**

N.J. Department of Environmental Protection
BUREAU OF LICENSING AND PESTICIDES OPERATIONS
MAIL CODE 401-04E
PO BOX 420
TRENTON, NEW JERSEY 08625-0420
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