

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LICENSING AND PESTICIDES OPERATIONS  
Mail Code 401-04E  
PO Box 420  
Trenton, NJ 08625-0420

**STATEMENT OF QUALIFICATIONS**

**INSTRUCTIONS:**

**Part A of this form must be filled out by the applicant. Part B must be completed by the Administrator/Owner of the facility.** A separate form is to be completed by each Administrator/Owner of the facility substantiating your operating experience. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be documented. **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.

**PART A**

APPLICANT NAME \_\_\_\_\_

EXAM TYPE VSWS \_\_\_\_\_

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

PLACE OF EMPLOYMENT \_\_\_\_\_ PWSID# \_\_\_\_\_

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

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

**PART B**

TOTAL OPERATING EXPERIENCE AT THIS FACILITY: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**Describe specific duties (responsibilities) performed while in the job title indicated above. Indicate the percentage of time spent in each area.**

OPERATIONS (Records, reports, equipment operating, etc.)

\_\_\_\_\_ % of time

MAINTENANCE (Pumps, level controls, chlorination, etc.)

\_\_\_\_\_ % of time

LABORATORY PROCEDURE (Process control and regulatory testing)

\_\_\_\_\_ % of time

DISTRIBUTION (O & M procedures)

\_\_\_\_\_ % of time

Are you the Administrator/Owner of this facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

*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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If you hold a NJ water  
treatment or  
distribution license,  
please list the license  
class(es) currently held  
and license number(s)

\_\_\_\_\_  
Title of Signatory  
(Administrator, Owner, Superintendent, etc.)