

Note: For ELCP application, if the company is only applying for Chemical Testing in analyze-immediately categories SDW03, WPP03 and/or SHW03 for residual chlorine, chlorine dioxide, residual ozone, dissolved oxygen with probe, sulfite, temperature, pH, PWTA sampling parameters and/or categories SDW02 & WPP02 for turbidity and residue-settleable, the supervisor shall have had at least three months of experience performing these tests. A degree is not required.

Note: Information requested in 6A and B below must be submitted for each supervisor or technical director. If there is more than one supervisor or technical director, 6A and B below should be copied, completed and included with the application for each supervisor or technical director.

6. Name of Supervisor or Technical Director _____

A. Educational Information (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates Attended		Major	Minor	Credit Hrs.	Degree ¹ and Date
	From	To				

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the technical director listed in 6 above, describe each position in which s/he has been employed, stressing years experience in the supervised category of certification sought by the company.

Name & Address of Employer (present position)		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo./yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		
Name & Address of Employer		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo.&yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		

Note: Information requested in 7A and B below must be submitted for each QA officer for an ELCP application. If the person designated as the QA officer is listed in “6” above, you need not complete A and B below. However, you must list the name of the QA officer on line “7” below. If there is more than one QA officer, 7A and B below should be copied, completed and included with the application for each additional QA officer.

For a company that is certified or seeks to be certified in any of Categories CLP01 and 02, the QA officer shall be qualified to perform the analyses under the CLP categories of analysis. For all other Categories, the QA officer shall meet the applicable requirements of a supervisor in N.J.A.C. 7:18-2.10(b).

7. Name of Quality Assurance (QA) Officer _____

A. Educational Information for Quality Assurance Officer (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates Attended		Major	Minor	Credit Hrs.	Degree ¹ and Date
	From	To				

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the QA officer listed in “7” above, describe each position in which s/he has been employed, stressing experience in meeting the QA officer requirements in the category of certification sought by the company.

Name & Address of Employer (present position)		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo./yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		
Name & Address of Employer		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo.&yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		

8. **Print** the name of the operator(s) next to the instrument operated for the following areas of testing. (Personnel must meet the requirements as specified in N.J.A.C. 7:18- 2.10 for ELCP)

Name of Operator(s)	Instrument	Personnel Requirement Reference
	ICP/MS	N.J.A.C. 7:18-2.10(b)5
	TEM	N.J.A.C. 7:18-2.10(b)6
	GC/MS	N.J.A.C. 7:18-2.10(b)8
	LC/MS	N.J.A.C. 7:18-2.10(b)8

Note: Information requested in 9A, B and C below must be submitted for each instrument operator listed in 8 above. If there is more than one instrument operator, 9A, B and C below should be copied, completed and included with the application for each additional operator.

9. Name of Instrument Operator listed in 8 above _____

A. Educational Information (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates Attended		Major	Minor	Credit Hrs.	Degree ¹ and Date
	From	To				

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the instrument operator listed in "8" above, describe each position in which s/he has been employed, stressing experience in the instrument operated.

Name & Address of Employer (present position)		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo./yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		
Name & Address of Employer		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Title of Position			
Dates of Employment (mo.&yr.) From / To /	Total Time Employed Yrs. Mos.		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If Part Time, Give Number of Hrs. Worked Per Week _____		

C. Training Course Record - (complete if applicable)

Name of Instrument Operator listed in 8 _____

Name and Address of Company Conducting Course	Name of Course	Sponsor of Course	Dates Attended		Hrs/week attended
			From	To	

Name of Instrument Operator listed in 8 _____

Name and Address of Company Conducting Course	Name of Course	Sponsor of Course	Dates Attended		Hrs/week attended
			From	To	

Name of Instrument Operator listed in 8 _____

Name and Address of Company Conducting Course	Name of Course	Sponsor of Course	Dates Attended		Hrs/week attended
			From	To	