

State of New Jersey  
Department of Environmental Protection  
Bureau of Contract and Administrative Operations  
Examinations and Licensing Unit  
PO Box 441  
Trenton, NJ 08625

LICENSED OPERATOR IN CHARGE EMPLOYMENT NOTIFICATION FORM

<p><b>SECTION I</b></p> <p>Applicant Phone Numbers:          1. Home: _____ 2. Business: _____ 3. Emergency: _____</p> <p>Applicant Signature: _____</p> <p>Applicant Name: _____          (please print)</p> <p>Home address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Applicants License No(s): _____</p> <p>License Class(es): _____</p> <p>Date: _____</p>	<p><b>SECTION II</b></p> <p>Re: Facility Name: _____</p> <p>Facility Classification: _____</p> <p>Mailing Address: _____</p> <p>County/Municipality: _____</p> <p>ID Number (PW or NJPDES): _____</p> <p><input type="checkbox"/> This is a request to be the operator in charge at the above facility.</p> <p><input type="checkbox"/> This is notification that on _____ I shall no longer be the operator in charge at the above facility. If you have checked this box, do not complete Section III and IV of this form.</p>
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**SECTION III**

Your request to operate the above facility, as the licensed operator in charge will be considered provided this form, is complete in its entirety. **NO ACTION WILL BE TAKEN IF DATA AND SIGNATURES ARE MISSING.**

1. Have you been to the plant to evaluate the time required to operate the facility efficiently?  Yes  No

2. Hour(s) per week to be devoted to said operations by you \_\_\_\_\_? By others \_\_\_\_\_

3. Name(s) and number(s) of person responsible or available during your unavailability? ( not required for VSWS class license)

Name	Phone No.	Name	Phone No.
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**SECTION IV**

**STATEMENT FROM REQUESTING FACILITY**

Please be advised that the facility known as \_\_\_\_\_ will be utilizing the services of the above applicant as the licensed operator for their system with the following classification(s): \_\_\_\_\_. I acknowledge that \_\_\_\_\_ will be the person responsible during the unavailability of the applicant.

Signature (authorized representative of requesting facility)	Printed Name	Title
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**FOR OFFICE USE ONLY**

To: Applicant Ref. #: \_\_\_\_\_

From: Examinations and Licensing Unit  
 Department of Environmental Protection Date: \_\_\_\_\_

This request has been processed and the records updated accordingly. Any changes in this employment should be forward to this office at least two weeks prior to the job termination by completing another DEP-065 Licensed Operator In Charge Employment Notification Form. If you have any questions, please contact the Examinations & Licensing Unit at (609) 777-1013.