

**New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 Indoor Environments Program
 PO Box 369
 Trenton, NJ 08625-0369**

CONSULTANT/EMPLOYEE CERTIFICATION

I. Employee Information (matched to Employee Qualification forms)	
Employee Name (Print or Type Legibly)	
<p>I hereby certify that all documentation submitted as proof of my qualifications as an Indoor Environmental Health Consultant Employee, to conduct Indoor Environmental Health Assessments is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under <u>N.J.A.C. 8:50</u>.</p> <p>I understand that all information submitted is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee approval to perform Indoor Environmental Health Assessments in New Jersey.</p>	
Signature	Date
II. Consultant (Employer) Information	
<p>The information being submitted for the approval of the above-named employee to conduct Indoor Environmental Health Assessments of child care and educational facilities is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under <u>N.J.A.C. 8:50</u>.</p> <p>I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee approval to perform Indoor Environmental Health Assessments in New Jersey.</p> <p>I am authorized to sign for and on behalf of the persons listed as owners, partners, shareholders, officers and directors of this company.</p>	
Company Name	Consultant Cert. No. (if applicable)
Authorized Consultant Representative (Print or Type Legibly)	Title
Authorized Consultant Representative Signature	Date

This form, and all accompanying information, must be sent to the NJDOH, Indoor Environments Program by the consultant firm.