Onsite Wastewater Treatment System Professionals
Voluntary Registration Form

Requested Registration Categories:

Septic System Enforcement Officer: ☐  Septic System Installer: ☐
Site Evaluator: ☐  Septic System Inspector: ☐
Septic System Designer: ☐

Fields in BOLD are required

Name: ___________________________ Professional Affiliations/
Licenses/Registrations:
_________________________________________________________

Company: _________________________ Certifications:
(Ex. N.J.P.E., Home Inspector,
NSF, NJSMA, R.E.H.S., etc.)
_________________________________________________________

Address:
________________________________________________________
________________________________________________________
________________________________________________________

Telephone: ________________________ Years of Experience:
________________________________________________________
Fax: ______________________________
E-mail*: __________________________ Additional Information:
(Ex. Alternate phone #,
e-mail contact or comments)
________________________________________________________
Company __________________________________________
Website: __________________________

*An email address is required if you wish to receive regular updates regarding the onsite wastewater management program from the NJDEP. E-mail addresses listed here will not be published as public information.

Information provided on this form will be used to disseminate information from the Department to the community of onsite wastewater treatment system professionals as well as providing a list of registered professionals as public information. This information will be made available through the Department’s website under the topic Onsite Septic Systems at www.state.nj.us/dep/dwq. New or revised forms should be sent to: 401-02B; New Jersey Department of Environmental Protection; Bureau of Ground Water, Residuals, and Permit Administration; P.O. Box 420; Trenton, New Jersey 08625-0420; Attn: Onsite Voluntary Registration. The information can also be faxed to (609) 984-4428 or e-mailed to CH199@dep.nj.gov.

Please check this box if you do NOT wish to have any of your information posted to our website.