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: □

Date: ______________________
Revision: □

Check Appropriate Box

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: __________________________
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 E-mail addresses listed here will not be published as public information.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 Nonpoint Pollution Control; P.O. Box 420; Trenton, New Jersey 08625-0420; Attn: Onsite Voluntary Registration. The information can also be faxed to (609) 777-0432 or e-mailed to CH199@dep.state.nj.us.

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