

State of New Jersey  
Department of Environmental Protection  
Division of Water Supply & Geoscience  
Bureau of Safe Drinking Water  
Mail Code: 401-04Q, PO Box 420  
Trenton, New Jersey 08625-0420  
[www.nj.gov/dep/watersupply/dws\\_train.html](http://www.nj.gov/dep/watersupply/dws_train.html)

**LICENSED OPERATOR IN CHARGE EMPLOYMENT NOTIFICATION FORM-WATER**

<p><b><u>SECTION I</u></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>Employment Start Date: _____</p>	<p><b><u>SECTION II</u></b></p> <p>Facility Name: _____</p> <p>Facility Classification: _____</p> <p>Mailing Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>County/Municipality: _____</p> <p>PWS ID Number: _____</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. <b>If you have checked this box, do not complete Section III and IV of this form.</b></p>
---	--

**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. I will devote \_\_\_\_ hours per  week  month.
3. Name(s), license classification(s), and contact number(s) of licensed individual responsible and available during your unavailability?

Name	License Class/No.	Phone No.	Name	License Class/No.	Phone No.
------	-------------------	-----------	------	-------------------	-----------

**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 licensed individual responsible during the unavailability of the applicant.

<i>Signature (authorized representative of requesting facility)</i>	<i>Printed Name</i>	<i>Title</i>
---	---------------------	--------------

Any changes in this employment should be forwarded to this office at least two weeks prior to the job termination by completing another DEP-065 Licensed Operator In Charge Employment Notification Form. Any operator requesting to operate over 10 Public Water Systems must submit a request to the above address.  
If you have any questions, please contact The Bureau of Safe Drinking Water at (609) 292-5550.

**FOR OFFICE USE ONLY**

To: Applicant	Date Recorded: _____
From: The Bureau of Safe Drinking Water Department of Environmental Protection	

This request has been processed and the records updated accordingly.