

**APPLICATION FOR OWNER-USER INSPECTOR**  
**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
**DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY & HEALTH**  
**BUREAU OF BOILER AND PRESSURE VESSEL COMPLIANCE**  
**P.O. BOX 392**  
**TRENTON, NJ 08625-0392**

C of C Number Issued: \_\_\_\_\_

(Do not write above this line)  
**PLEASE PRINT IN INK OR TYPE**

1. I submit this application for a Certificate of Competency in accordance with my experience stated on this form.

Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  Cell  Home  Work

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Employed by: \_\_\_\_\_  
(Enter name of Authorized Inspection Agency or Owner-User Organization)

Address of Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. List Type of License or Other Certification(s) Held:

License or Certification Name	Classification or Type	Expiration Date	Certification No.

*Note: Include copies of all Certification documents when submitting this application.*

4. Type of Owner-User Operation:  API  Nat. Bd.  NJ

5. Name of Company where Certificate will be utilized: \_\_\_\_\_

6. Address of Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

8. Has the Company you are working for Filed a Letter of Intent and an application pursuant to N.J.A.C. 12:90-5.18 Indicate:  Yes  No (NOTE: IF "NO", LETTER AND OWNER-USER APPLICATION MUST ACCOMPANY THIS DOCUMENT)

9. Statement of Experience – List at least three, if applicable.

10. This application must be forwarded to the Department of Labor and Workforce Development, Division of Public Safety and Occupational Safety & Health, Bureau of Boiler and Pressure Vessel Compliance, P.O. Box 392, Trenton, NJ 08625-0392.

Employed By	Address	Position Held	Employment Period

11. The fee of **one-hundred (\$200.00) dollars**, in the form of check or money order, payable to the *Commissioner of LWD*, **must** accompany this application. This application must be properly endorsed below.

I swear that the statements and endorsements given are true.

Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature/Date

\_\_\_\_\_  
 Notary Public

My commission expires on \_\_\_\_\_