

State of New Jersey  
Department of Environmental Protection  
Licensing and Pesticide Operations  
Mail Code: 401-04E, PO Box 420  
Trenton, New Jersey 08625-0420  
[www.nj.gov/dep/exams](http://www.nj.gov/dep/exams)

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

<b>SECTION I</b>	<b>SECTION II</b>
Applicant Phone Numbers: 1. Home: _____ 2. Business: _____ 3. Emergency: _____	Facility Name: _____
Applicant Signature: _____	Facility Classification: _____
Applicant Name: _____ (please print)	Mailing Address: _____
Home address: _____	City _____ State _____ Zip _____
City: _____ State: _____ Zip: _____	County/Municipality: _____
Applicants License No(s): _____	PWS ID Number: _____
License Class(es): _____	<input type="checkbox"/> This is a request to be the operator in charge at the above facility.
Employment Start Date: _____	<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>

**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.
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**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.

\_\_\_\_\_  
*Signature (authorized representative of requesting facility)*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

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.

If you have any questions, please contact the Licensing Unit (609) 292-4911.

**FOR OFFICE USE ONLY**

To: Applicant

Date Recorded: \_\_\_\_\_

From: The Licensing and Pesticide Operations  
Department of Environmental Protection

This request has been processed and the records updated accordingly.