

**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**

Jurisdiction Numbers Issued: _____ to _____ C of C Number Issued: _____

(Do not write above this line)

SSN: EACH APPLICANT IS REQUESTED TO PROVIDE HIS OR HER SOCIAL SECURITY NUMBER ON THIS APPLICATION TO ASSIST THE COMMISSIONER IN THE ENFORCEMENT OF THE PROVISIONS OF N.J.A.C 12:90-8.18(C). EACH SOCIAL SECURITY NUMBER MAY BE USED AS AN IDENTIFIER IN THE COMPUTERIZED RECORDKEEPINGSYSTEM TO AID IN THE PROCESSING OF APPLICATIONS AND TO ENSURE VALIDITY OF INFORMATION. EACH SOCIAL SECURITY NUMBER SHALL REMAIN CONFIDENTIAL TO THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT AND IS NOT STORED OUTSIDE THIS SYSTEM.

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: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number of Applicant: _____ Indicate if a Cell or Home Number: Cell Home

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)

Employed By	Address	Position Held	Employment Period

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.

11. The fee of **one-hundred (\$100.00) 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 _____