

**APPLICATION FOR AUTHORIZED AND REGISTERED INSPECTION AGENCY  
 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 RECORDKEEPING SYSTEM 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 or Registered Inspection Agency)

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

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 Certification Requested:  Jurisdictional Inservice Inspections  NB Shop Inspections Only

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

6. Supervisor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employed By	Address	Position Held	Employment Period

8. 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.

9. 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: \_\_\_\_\_