

APPLICATION FOR RECIPROCITY

001078 – Application Fee \$50

002190 – License Fee

1. TYPE OF LICENSE REQUESTED

<u>Please complete each question and type or print all information legibly and in black or blue ink.</u>

(ALL SECTIONS 1 thru 3 MUST BE COMPLETED IN FULL)

Please specify the type of license for which you are applying: (Select only **ONE** license)

DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY ORG.CODE/E.O./FUND: 37352030000/86/780001 Reciprocity Application Total \$100 Receipt #: Payment #:

\$50

Effective 12/1/2024

Water Treatment Domestic Wastewater Treatment Disc				Distribution Systems
2. APPLICAN	IT PROFILE DA	TA:		
Name:	Last	First	Middle	2X2 PASSPORT PHOTO
Mailing Address:				
g / .a.a. 555.	Number	Street	Apt.	
City		State	Zip	PLACE PHOTO
*Social Security Number: HERE				
Date of Birth:				
*Email Address:				_
Between the hou	rs of 8:00am and	5:00pm what is your primary d	aytime phone number?	
Primary telepho	one: () _		Secondary telephor	ne: <u>(</u>)
licensee identifi		to the Personal Responsibi		al license applications and will be used for tunity Reconciliation Act of 1996 (Welfare
3. APPLICANT AFFIRMATION:				
falsification of s may hold. Furt	statements or sup her, I understand	oporting data may result in	denial of this applicate to supplement my ap	owledge and belief. I understand that tion or suspension/revocation of any license I oplication to reflect any material change in
Signature of Applicant:			Date S	Signed:
Attach a check	or money order	made payable to the Depar	tment of Environmer	rification of license form and one 2x2 photo. Intal Protection (DEP) for the required amount.

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