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Engineer Background Check

Company Name: _____ Applicant Professional License #: _____

Applicant Name: _____ Contact Phone #: _____

Years Applicant with company: _____ If less than three (3) years, list name, address & contact number(s) for
previous employer and in which municipalities work was performed: _____

List one local Health Department with which you have worked and are in good standing:

I authorize NJSMG to investigate and check company background as may be necessary.

Signature: _____ Date: _____

For NJSMG Use only:

Engineering & Surveying Board Agent Contacted: _____

by: _____ Date of call: _____

Comments and concerns: _____

Standing: Good _____ Further Review _____ Poor Standing _____

NJDEP Agent Contact: _____

by: _____ Date of call: _____

Comments and concerns: _____

Standing: Good _____ Further Review _____ Poor Standing _____

Design #1 received date _____ Reviewed By _____ Design – Good _____ Poor _____

Designs #2 received date _____ Reviewed By _____ Design – Good _____ Poor _____