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Installer Individual Application & Background Check

Company Name: _____

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: _____

I authorize NJSMSG to investigate and check my background as may be necessary.

Applicant Signature: _____ Date: _____

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For NJSMSG Use only:

NJDEP or Municipal contact: _____ Date of Call: _____

Contact made by : _____

Comments and/or concerns: _____

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Final Standing: Good _____ (Approved to continue with Apprenticeship)

Further Review required (see notes) _____
(Conditional Approval to continue with Apprenticeship – see notes)

Poor Standing _____ (not approved to continue)

Certified on: _____ by: _____