

**OFFICIAL APPLICATION FOR SOURCE EVALUATION TESTING FIRMS**  
**SOURCE EMISSIONS TESTER QUALIFICATION EXAMINATION**

Please send application to  
The Secretariat, AQMS  
EMB-DENR Cmpd.,  
Visayas, Avenue,  
Diliman, Quezon City

The information in this application will be treated as confidential by the Source Tester Examination Committee. Please type or print information except where signature is required. Complete each section as completely as possible to ensure that the Board has adequate information to consider your certification. Include additional pages where necessary. Be sure to have the application notarized before submission.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Photo Identification Number: \_\_\_\_\_

Type of ID: \_\_\_\_\_

Title: \_\_\_\_\_

Firm/Company Name: \_\_\_\_\_

Business Address:

\_\_\_\_\_

City

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Home Address

\_\_\_\_\_

City

Zip Code

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

This is my initial application for the required test: \_\_\_\_\_ QA/QC Manager  
\_\_\_\_\_ Team Leader

Educational Background :

High School \_\_\_\_\_

City: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College/University : \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Postgraduate: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

If you have more than one institution and/or degree, please list the institution, degree, field of degree, year of graduation on a separate sheet.

List any relevant Professional Development Courses taken ( course name, provider, location, date, contact info ):

List any relevant Safety Training ( course name, provider, location, date, contact info):

List any Professional Designations ( Professional Engineer, Qualified Environmental Professional , etc.):

Experience in Source Emission Testing ( required ):

Employer: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Type of Experience: \_\_\_\_\_

Employer: \_\_\_\_\_ Number of Years: \_\_\_\_\_

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Type of Experience: \_\_\_\_\_

One year experience and/or ten sources sampled is required for Source Tester Qualification.

Experiences; ( check all that apply ):

- |   |  |
|---|--|
| <input type="checkbox"/> Test Methods   | <input type="checkbox"/> Trouble shooting                  |
| <input type="checkbox"/> Calibration/preparation/packing                                      | <input type="checkbox"/> Equipment                         |
| <input type="checkbox"/> Set-up at test site  | <input type="checkbox"/> Operation/Data Recording          |
| <input type="checkbox"/> Sample analysis  | <input type="checkbox"/> Sample recovery/handling custody  |
| <input type="checkbox"/> Procedure compliance   | <input type="checkbox"/> Quality Assurance/Quality Control |
| <input type="checkbox"/> Data Reduction ( Calculations, data validation, and interpretation ) | <input type="checkbox"/> Reporting                         |
|   | <input type="checkbox"/> Safety training                   |

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Approved by Examination Committee: Yes ( ) No ( )

Approved for Test by: \_\_\_\_\_

: \_\_\_\_\_

Payment received: \_\_\_\_\_

Date: \_\_\_\_\_

## Demonstrated Skills

Use two separate project sheets to provide a clear and concise explanation of your involvement in representative projects from each year of experience. Provide one sheet (maximum three pages) for each of the last year of experience claimed. Please demonstrate experience in the areas checked above;

The Source Examination Committee expects all Source Emission Testers Qualification Examination applicants to possess the following skills: critical thinking; verbal and written communication skills; technical/science skills; selection and knowledge of test methods and their application and limitations; selection, calibration, setup, use and operation of testing equipment for different applications and conditions; source types and characteristic sampling conditions and challenges; sample analysis and special considerations for different applications; test method modifications and deviations needed for different applications; data quality metrics and implications.

In completing the paperwork for the application, please make every effort to show your command of as many of these skills as possible.

I hereby certify that the information contained in this application and on supporting documents attached to this application is correct to the best of my knowledge. I agree to indemnify and hold harmless the Source Emission Tester Committee and all others affiliated with the Source Tester Examination Programs.

Applicant's Signature in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal/Stamp:

Qualified Source Emissions Tester

Project Sheet One ( attach up to additional pages if needed )

Date Project was started: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Project Supervisor: \_\_\_\_\_

Provide a clear and concise explanation of your involvement ( do not submit copies of your reports )

Detail the outcome of the projects: