

**OFFICIAL APPLICATION FOR  
SOURCE EVALUATION SOCIETY**

**SOURCE EMISSIONS TESTER QUALIFICATION EXAMINATION**

Please send application to  
The Source Evaluation Society

P. O. Box 12124

Research Triangle Park,

North Carolina 27709-2124

The information in this application will be treated as confidential by the S.E.S. Examination Board. 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 mailing.

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

Photo ID Identification Number \_\_\_\_\_

Type of ID: \_\_\_\_\_ If Driver's License, What State?: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

**Business Address:**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

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

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

**Home Address:**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

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

This is my initial application for the required Group 1 test: [   ]

This is a supplemental application: [   ]

The initial application was filed\_\_\_\_\_.

**Educational Background (Optional, not required, but may be considered in addition to field experience):**

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

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

College / University:\_\_\_\_\_

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

Degree:\_\_\_\_\_

Field in Which Degree Was Issued:\_\_\_\_\_

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

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

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

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List Any Professional Designations (Professional Engineer, Qualified Environmental Professional, etc.) Currently Held:

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**Experience in Source Emissions Testing (required):**

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

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

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

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

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

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

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

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

**Two years' experience is required for S.E.S. Source Tester Qualification.**

**Experience should include (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Test Methods   | <input type="checkbox"/> Training                          |
| <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"/> Troubleshooting  | <input type="checkbox"/> Safety Training                   |

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**Approved by S.E.S.:** Yes  No

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

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

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

**Received by ETA:** \_\_\_\_\_

**Payment Received:** \_\_\_\_\_

**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 two years of experience claimed. Please demonstrate experience in the areas checked above;

The S.E.S. Examination Board expects all S.E.S. Qualification Examination applicants to possess the following skills: critical thinking; verbal & 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 Evaluation Society, the SES Examination Board, the SES Board of Directors and all others affiliated with the SES and its Programs.

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

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

Notary Seal / Stamp:



