



**SOURCE
EVALUATION
SOCIETY**

FOR SES USE ONLY

Date Application
Received:

Application #:

Received by:

Date Sent to
Committee:

OFFICIAL SOURCE EVALUATION SOCIETY QUALIFIED SOURCE TESTING INDIVIDUAL APPLICATION (QSTI APPLICATION)

Please mail this application package to the address below, or scan and email to tf_lowe@yahoo.com or QSTIProgram@gmail.com to receive your qualification approval certificate:

**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 SES Examination Board. Please type or print information except where a signature is required. Complete each section as completely as possible to ensure that the Board has adequate information to consider your application. Include additional pages where necessary. Two project descriptions for each project group for which you are requesting a QSTI qualification certificate is required. Be sure to have the application notarized before submitting the document. Along with the application, three references will be required. The Committee prefers at least two references to be from people outside the company if possible.

Once you have submitted your initial application, you need submit only your projects description portion for subsequent exams you take and pass. If you have any questions, please contact Theresa Lowe at tf_lowe@yahoo.com or QSTIProgram@gmail.com.

NEW: DO YOU APPROVE SES RELEASING INFORMATION, UPON REQUEST, ABOUT WHETHER YOU HAVE PASSED A METHOD GROUP EXAM? (The information released will be if you passed an exam and the date of the exam. This information is in support of ASTM D-7036-D.) YES NO IF YOU AGREE, PLEASE SIGN BELOW.

Signature: _____ Date: _____



General Information

Last Name: _____ First Name: _____ Middle Initial: _____

Photo ID Identification Number _____

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

Qualification Test Passed: Group _____ Date _____ Location _____

Business Information:

Job Title: _____

Employer's Name: _____

Street Address: _____ or

P. O. Box _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Fax Number _____

Home Address:

Street Address: _____ or

P. O. Box _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

This is my application for Test Method Group(s) G1 G2 G3 G4

which I have taken and passed.

If you *do not* wish to receive a QSTI (or QSTO) Wallet card along with



your qualification certificate(s), please check the following box:

I do not want a wallet card

Relevant Recent Safety Training (*required*)

List any relevant Safety Training Courses (course name, provider, location, date) completed in past two years:

Experience in Source Emissions Testing (*required*):

Employer: _____ Date: From _____ to _____

Type of Experience: _____

Employer: _____ Date: From _____ to _____

Type of Experience: _____

Employer: _____ Date: From _____ to _____

Type of Experience: _____

Employer: _____ Date: From _____ to _____

Type of Experience: _____



At least one year of field testing experience is required for SES Source Tester Qualification. Experience categories (check all that apply):

<input type="checkbox"/> Test Methods	<input type="checkbox"/> Plant/Process Operation Coordination
<input type="checkbox"/> Calibration/preparation/packing	<input type="checkbox"/> Sample recovery/handling/custody
<input type="checkbox"/> Set-up at test site	<input type="checkbox"/> Quality Assurance/Quality Control
<input type="checkbox"/> Sample analysis	<input type="checkbox"/> Reporting
<input type="checkbox"/> Procedure Compliance	<input type="checkbox"/> Safety Training
<input type="checkbox"/> Data Reduction (Calculations, data validation, and interpretation)	<input type="checkbox"/> Test Planning
<input type="checkbox"/> Equipment Operation/Data Recording	<input type="checkbox"/> Troubleshooting
	<input type="checkbox"/> Training

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: _____

Type of Degree: Associate Year _____
 Bachelors Year _____
 Masters Year _____
 Ph.D. Year _____
 Other _____ Year _____

Field in Which Degree Was Issued (Chemistry, Biology, Engineering, etc.):

If you did not finish college, list classes taken relevant to source testing:

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):

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



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:

Printed Name: _____

Signature: _____ Date: _____

Notary Public:

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public of the County of _____, hereby certify that _____ personally came before me this day and under oath that the above form was executed by him.

Witness my hand and official seal, this _____ day of _____, 200__.

Signature of Notary

My commission expires _____, 20____.



Demonstrated Skills

Please provide descriptions of at least two separate projects for each of the methods groups for which you are applying. You may combine multiple methods groups into one or more project descriptions (e.g., methods from group 1 and 2 in one project description) provided there are at least two projects for each method group. These written descriptions should provide a clear and concise explanation representative of your involvement in field testing projects. You can find examples of the format and expected level of detail of information to be covered in these descriptions at <http://www.sesnews.org/Project-Example-Writeup-0107.rtf>.

The SES Application Review Board expects all SES QSTI 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.



Qualified Source Emissions Tester

Project Sheet One (attach up to two 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 final outcome of the project:



Qualified Source Emissions Tester

Project Sheet Two (attach up to two 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 final outcome of the project: