

FOR SES USE ON	LY		
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 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 QSTIProgram@gmail.com.

NEW : DO YOU APPROVE SES RELEASING INFORMATION, UPON R YOU HAVE PASSED A METHOD GROUP EXAM? (The information rele exam and the date of the exam. This information is in support of ASTM I YOU AGREE, PLEASE SIGN BELOW.	eased will be if you passed an
Signature:	Date:



General Information				
Last Name:F	First N	ame:		Middle Initial:
Photo ID Identification Number				
Type of ID:		If Driver's License,	What State?:	
Qualification Test Passed: Group	Date _	Location	on	
Business Information:				
Job Title:				
Employer's Name:				
Street Address:				or
P. O. Box				
City:		State:	Zip:	
Phone: E-Mail Addr	ess:			
Fax Number				
Home Address:				
Street Address:				or
P. O. Box				
City:				
Phone: E-Mail Addr	ess:			
This is my application for Test Method Group(s)	□ G1 □ G2	□ G3 □	G4
which I have taken and passed.				



Relevant Recent Safety Train List any relevant Safety Training Course past two years:	ing (<u>required</u>) es (course name, provider, location, date) completed	in
Experience in Source Emissi	ons Testing (<u>required</u>):	
Employer:	Date: From to	
Type of Experience:		
Employer:	Date: From to	
Type of Experience:		
	Date: From to	
Type of Experience:		
Employer:	Date: From to	
Type of Experience:		



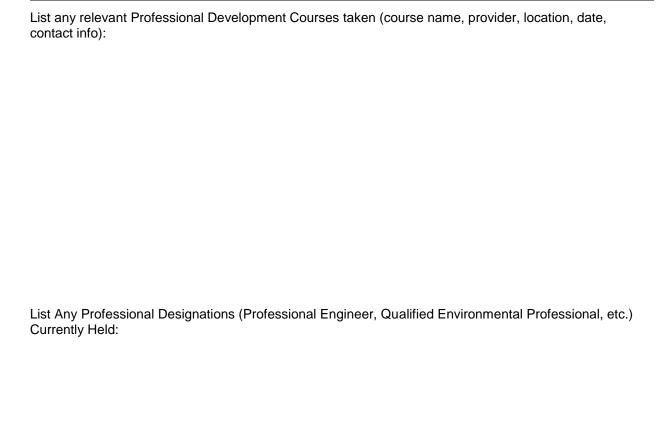
At least one year of field testing experience is required for SES Source Tester Qualification. Experience categories (*check all that apply*):

validation, and in	liance Calculations, data		Plant/Process Ope Sample recovery/h Quality Assurance, Reporting Safety Training Test Planning Troubleshooting Training	nandling/custody	
Educational Backgr field experience): High School:		-		nsidered in add	ition to
Dity:					
College / University:					
City:	State:	\	ear of Graduation:		
	rs		Year _ Year _ ır	Year Year	
Field in Which Degree Was Is	sued (Chemistry, Biolog	gy, Engi	neering, etc.):		

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.

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







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	y Public of the County of
, hereby c	ertify that	
personally came before me this day and ι	under oath that the ab	ove form was executed by him.
Witness my hand and official seal, this	day of	, 20
	Signature of Notar	27
	Signature of Notal	у
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: