



**SOURCE  
EVALUATION  
SOCIETY**

**For SES Use Only**

Application No. \_\_\_\_\_

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

Date Submitted to Committee: \_\_\_\_\_

**OFFICIAL SOURCE EVALUATION SOCIETY  
QUALIFICATION APPLICATION  
FOR  
SOURCE EMISSIONS TESTER**

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Please mail this application package to receive your certificate (once you have been notified that you have passed the qualification exam of your choice) 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 SES 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.

Once you have submitted your initial application, you need submit only your projects description portion for subsequent exams you take and pass.



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## 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: \_\_\_\_\_



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

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



**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: \_\_\_\_\_

**One year of experience is required for SES Source Tester Qualification.**

**Experience should include (*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

**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.



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\_\_\_\_.

<b>FOR SES USE ONLY</b>			
Date Application Received		Application #:	
Received by:		Signature:	
Application Approved: No	<input type="checkbox"/> Yes	Date:	
	<input type="checkbox"/>	By:	



## 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: