



QRO Combustion Certification Renewal Application Form

Applicant: _____

Address: _____ Email: _____

Phone: _____

Fax: _____

Provisional Certificate Number: _____ Expiration Date: _____

Renewal requires demonstration of employment, as identified below, for at least 3 of the last 5 years:

1. Employment in management, operation, maintenance or engineering of a municipal solid waste combustion facility,
or
2. Employment in occupations concerned with the design, start-up, operation, or maintenance of engines, boilers, turbines, air compressors, motors, generators, conveying equipment, or their related auxiliaries which supply power, heating, or cooling service to an industrial, maritime, or commercial process or facility.

1. Employer: _____
Address: _____
Dates of employment: From: _____ To: _____
Position/Title: _____
Supervisor: _____
Description of duties/experience:

2. Employer: _____
Address: _____
Dates of employment: From: _____ To: _____
Position/Title: _____
Supervisor: _____
Description of duties/experience:

(You may photocopy this page to document additional experience if necessary.)

The undersigned warrants that all representations contained in this application are true.

Applicant's Signature

Date

Fees for QRO Provisional/Combustion Renewal Applicant:

The renewal fee is \$365.

Please print out the renewal application, complete it and coordinate the submission of your application with one of the payment options outlined below:

Methods of payment and submittal:

Credit Card: Complete the application and use the ‘Purchase Now’ link. After your payment is approved, you will be issued an order number. Please enter your order number on page one where indicated. Save you completed application and submit it to ASME via email, fax or mail.

Order number: _____

email: certification@asme.org

fax: 1-212-591-8502

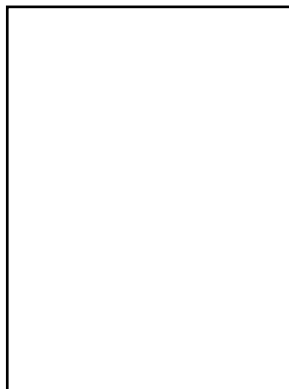
Check or money order: Complete the application, print it out, attach check or money order and mail to:

Mail:

ASME Personnel Certification
Processing Department
150 Clove Road, 6th Floor
Little Falls, NJ 07424-2139

Photo

Please enclose one passport photo to be used for your certification card. If you are submitting this application via email, you may submit a JPEG file to meet this requirement.



Applicant Name