

Instructions for filling out the Certified Agency Tester License Report PC-05

	COLUMN NAME:	DESCRIPTION	REQUIRED FIELD
1	CERTIFYING AGENCY PI_ID	Select from the drop down menu which has the following values: NEWWA = CA001 ASSE = CA002 Plumbers Local #9 = CA004 NJAMP = CA007	This field is mandatory and must be filled.
2	LICENSE TYPE CODE	The default value for this field is "PCCT"	This field is mandatory and must be filled.
3	LICENSE NUM	Enter the license number of the Certified Tester and avoid duplication.	This field is mandatory and must be filled.
4	SUBMITTAL DATE	The date entered in this field is the date this file is submitted to the NJDEP.	This field is mandatory and must be filled.
5	EXPIRATION DATE	This is the expiration date of the Certified Tester's license. Please ensure that the date has not expired prior to submittal date. If the tester has renewed his/her license enter the latest expiration date	This field is mandatory and must be filled.
6	FIRST NAME	This field contains the first name of the Certified Tester	This field is mandatory and must be filled.
7	MID INIT	This field contains the middle initial of the Certified Tester	This field is optional
8	LAST NAME	This field contains the last name of the Certified Tester	This field is mandatory and must be filled.
9	STATE CODE	Enter the 2 letter State code in which the Certified Tester was licensed e.g. NJ for New Jersey	This field is mandatory and must be filled.