

Operator Qualified Affidavit

Case Contractor Company Name: _____

Case# _____

Licensed Master Plumber (LMP) Company Name: _____

LMP# _____

Employee 1-Name/OQ # (i.e. ITS #): _____

Employee 2 Name/OQ # (i.e. ITS #): _____

Employee 3 Name/OQ # (i.e. ITS #): _____

I attest that that all work on Con Ed jurisdictional gas piping, which required OQ, on premises of:

(Address): _____

Owner: _____

has been performed by the operator qualified person(s) listed above, who's OQ (ITS) profile(s) was linked with the License Master Plumber # listed on this case at the time the work was performed.

Please select at least one of the following:

- Above Ground Outdoor / Indoor exposed pipe (CT86/87)**
- Below Ground - Plastic Pipe (Appendix A)**
- Below Ground – Steel Pipe (Appendix B)**

Proof of such qualification(s) shall be attached to this affidavit.

Signature: _____
LMP Contractor

Signature(s): _____
OQ Employee(s)

Print Name: _____

Print Name: _____

Date: _____

Date(s): _____