

# Operator Qualified Certificate

## Exhibit - B.1

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, whose 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 Certificate.

Signature: \_\_\_\_\_  
LMP Contractor

Signature(s): \_\_\_\_\_  
OQ Employee(s)

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_