



New Jersey Department of Environmental Protection
Site Remediation Program

TEMPORARY LICENSED SITE REMEDIATION
PROFESSIONAL APPLICATION

Date Stamp
(For Department use only)

A photo is required with each application. Attach a clear, full-face passport-style photograph (2" x 2") of your head and shoulders, taken within the past six months.

Applicants should write their full name on the back of the photo. Do not staple or clip to attach the photo. Please use double sided tape.

All forms must be typed.

1. APPLICANT INFORMATION

Dr. Ms. Mrs. Mr.

Last Name: _____ First Name: _____

M.I.: _____ Maiden Name: _____

Will the NJDEP receive information about you under a different name?..... Yes No

If your answer is "Yes," fill in that name below:

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-Mail /Internet Address: _____

Business Name: _____

Business Address: Check if same as Mailing Address _____

City: _____ State: _____ Zip Code: _____

County: _____ E-Mail /Internet Address: _____

Please indicate the address you would like the NJDEP to use for all correspondence and billing by placing an "X" in the appropriate box: Business Mailing

Telephone Number(s): Daytime: _____ Cellular: _____ Other: _____

Please indicate the telephone number(s) you would like the NJDEP to use by placing an "X" in the appropriate box:

Daytime Cellular Other

2. RELEVANT TRAINING AND COURSEWORK

For items a through c, please provide the location, date and course provider for the following training courses. For each of the following please provide a copy of the course completion certification. Evidence of course completion is required and without this information, your application will be rejected.

a. 40-hour health & safety training pursuant to 29 CFR 1910.120 (attach course completion certification)

Course Description/Provider Name	Course Location	Date of Training

b. 8-hour refresher training course pursuant to 29 CFR 1910.120 (attach course completion certification)

Course Description/Provider Name	Course Location	Date of Training

c. New Jersey Technical Requirements for Site Remediation (attach course completion certification)

Course Description/Provider Name	Course Location	Date of Training

d. Please list any professional certifications and licenses you currently hold and provide proof of licensure.

License Description	Date Issued	Agency/State Issuing License	License Number	Date License Expires

e. Please attach an updated resume.

3. APPLICANT'S SELECTION OF STANDARD OR ALTERNATE TRACK

Based on the Minimum Education Requirements in the Site Remediation Reform Act, indicate under which "Track" you want to be considered for temporary licensure:

- CHECK ONLY ONE:** Standard Track
 Alternate Track – Applicants who do not hold a bachelor's degree from an accredited institution of higher education or who hold a non-qualifying degree other than required for the standard track, **can apply for a temporary LSRP license for the remediation of underground storage tanks only.**

4. QUALIFYING DEGREE:

Based on the Minimum Education Requirements in the Site Remediation Reform Act, provide information about the qualifying education:

Official transcript(s) must be submitted with all degrees in qualifying area(s) of study.

Qualifying Degree	School Name, Location	Type of Degree	Year Graduated	Is transcript included or to be mailed separately?

An official transcript with the applicant's name on the envelope must be submitted with the application, the official transcript must be submitted in the envelope unopened with the application as received directly by the institution. This requirement also applies to applicants educated in foreign countries.

Additional education for Standard Track. Complete for all degrees to be used as a substitution of Professional Experience.

Qualifying Degree	School Name, Location	Type of Degree	Year Graduated	Is transcript included or to be mailed separately?

5. MORAL CHARACTER AND PROFICIENCY:

- a. Have you ever been disbarred, suspended, reprimanded, censured or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license?
 Check either: Yes No If "Yes," explain the circumstances on a separate page.
- b. Are you currently a defendant in a criminal proceeding?
 Check either: Yes No If "Yes," explain the circumstances on a separate page.
- c. Are you currently the subject of pending professional disciplinary proceedings?
 Check either: Yes No If "Yes," explain the circumstances on a separate page.
- d. Convictions, Judgments and Settlements:
 - (i) Have you ever been convicted of, or plead guilty to, an environmental crime, or any similar or related criminal offense under federal or state law, or any crime involving fraud, theft by deception, forgery, or any similar or related criminal offense under federal or state law?
 Yes No If "Yes," explain the circumstances on a separate page.

5.d. (ii) Have you ever had a professional license revoked by any state licensing board or any other professional licensing agency within the previous 10 years?
If "Yes," explain the circumstances below. Attach additional pages if needed.

6. *SOCIAL SECURITY NUMBER: _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of temporary licensure.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the NJDEP or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the NJDEP must ascertain the reason that you do not have one. The NJDEP is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (**5 U.S.C. Section 552a (note (b))**), the NJDEP or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the NJDEP or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____, Consent Do Not Consent
Applicant's signature Date

to the use of my Social Security number for any of the additional purposes set forth above. **I understand that without my consent and this information, my application will be denied.**

7. CITIZENSHIP / IMMIGRATION STATUS (pursuant to 8 U.S.C. 1621)

Please certify, under penalty of perjury, the following:

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

8. CHILD SUPPORT (pursuant to N.J.S.A. 2A:17-56.44e)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation?..... Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?.... Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? . Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ... Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a.1. through d. will result in a denial of temporary licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print) Applicant's signature Date

10. AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____, in making this application to the Department of Environmental Protection (Department) for licensure under the provisions of N.J.S.A. 58:10C-1 et seq. of the Site Remediation Reform Act, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license certificate issued by the Department.

I further swear (or affirm) that I have read the Site Remediation Reform Act (N.J.S.A. 58: 10C-1 et seq.) and fully understand that in receiving licensure from the Department, I bind myself to be governed by the Site Remediation Reform Act.

Furthermore, I voluntarily consent to a thorough investigation of my past and present employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies, and all governmental agencies and instrumentalities (local, state, federal and foreign) to release any information, files, or records requested by the Department.

Finally, I understand that this is a temporary license and will expire as provided in rules and regulations adopted by the Site Remediation Professional Licensing Board. I understand to obtain a license from the Board, I must fulfill all requirements of the licensing Board and satisfactorily pass the examination.

Applicant's signature

Sworn and subscribed to me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



11. PROFESSIONAL EXPERIENCE/PROJECT HISTORIES – List projects where you applied scientific or engineering principles to contaminated site remediation and where the resulting conclusions formed the basis for reports, studies or other documents connected with the remediation of the site or project site.

Track: Standard Track

Alternate Track – Applicants who do not hold a bachelor’s degree from an accredited institution of higher education or who hold a non-qualifying degree other than required for the standard track, **can apply for a temporary LSRP license for the remediation of underground storage tanks only.**

11a. Professional Experience in New Jersey – Please list the most recent projects first.

Project #	Project Name	NJDEP Program Interest Number	Municipality/County	Duration of Involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Identify the Remedial Phase for the Project (SI, RI, RA)	Check if Detailing in Project History (11d)
1				to			<input type="checkbox"/>
2				to			<input type="checkbox"/>
3				to			<input type="checkbox"/>
4				to			<input type="checkbox"/>
5				to			<input type="checkbox"/>
6				to			<input type="checkbox"/>
7				to			<input type="checkbox"/>
8				to			<input type="checkbox"/>
9				to			<input type="checkbox"/>
10				to			<input type="checkbox"/>

Total Estimated Hours of Professional Experience in New Jersey (Must equal or exceed 5 years of full-time experience, 3 of which shall have occurred immediately prior to submission of this application.)

This table may be copied if additional pages are necessary **Check here if using additional pages and add totals at end.**

11a. Professional Experience in New Jersey (continued) – Please list the most recent projects first.

Project #	Project Name	NJDEP Program Interest Number	Municipality/County	Duration of Involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Identify the Remedial Phase for the Project (SI, RI, RA)	Check if Detailing in Project History (11d)
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
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				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>

Total Estimated Hours of Professional Experience in New Jersey (Must equal or exceed 5 years of full-time experience, 3 of which shall have occurred immediately prior to submission of this application.)

This table may be copied if additional pages are necessary **Check here if using additional pages and add totals at end.**

11b. Professional Experience Outside of New Jersey – Please list the most recent projects first.

Project #	Project Name	State/Federal Project Tracking #	Municipality/State	Duration of Involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Identify the Remedial Phase for the Project (SI, RI, RA)
1				to		
2				to		
3				to		
4				to		
5				to		
6				to		
7				to		
8				to		
9				to		
10				to		
11				to		
12				to		
Total Estimated Hours of Professional Experience in New Jersey (Must equal or exceed 5 years of full-time experience, 3 of which shall have occurred immediately prior to submission of this application.)						

This table may be copied if additional pages are necessary **Check here if using additional pages and add totals at end.**

11b. Professional Experience Outside of New Jersey (continued) – Please list the most recent projects first.

Project #	Project Name	State/Federal Project Tracking #	Municipality/State	Duration of Involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Identify the Remedial Phase for the Project (SI, RI, RA)
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		
Total Estimated Hours of Professional Experience in New Jersey (Must equal or exceed 5 years of full-time experience, 3 of which shall have occurred immediately prior to submission of this application.)						

This table may be copied if additional pages are necessary **Check here if using additional pages and add totals at end.**

11c. Total Professional Experience

Total Estimated Hours of NJ Professional Experience (from 11a above)	
Total Estimated Hours of Professional Experience Outside of NJ (from 11b above)	
Qualifying Higher Education Professional Experience Substitution	
Total Estimated Hours of Professional Experience (Must equal or exceed 10,000 hours if applying for the standard track or 14,000 hours if applying for the alternate track)	

11d. Project History – Project History # (from 11a): _____

Project Name: _____

Project Location Address: _____

NJDEP Program Interest #: _____

Project Duration: Start Date: _____ End Date: _____ (if applicable)

Time you are claiming Professional Experience for this project: _____ Start Date: _____ End Date: _____

Project Client: _____

Client Contact: _____

Client Address: _____

Client Phone: _____

Position on Project: _____

Identify the remedial phases where you were the principal decision maker (check all that apply):

Site Investigation:..... Soils Yes No
 Groundwater..... Yes No

Remedial Investigation:.... Soils Yes No
 Groundwater..... Yes No

Remedial Action: Soils Yes No
 Groundwater..... Yes No

This table may be copied if additional pages are necessary.

11d. Project History (continued) – Project History # (from 11a): _____

In 1,000 words or less, please provide details or a detailed description of your responsibility associated with this project in relation to the experience noted in table 11a. Briefly describe the nature and extent of the environmental complexity associated with this project, including the class of contaminants and affected media. Please detail how you applied scientific or engineering principles to contaminated site remediation where the resulting conclusions formed the basis for reports, studies or other documents connected with the remediation of this project.