



Site Remediation Professional Licensing Board

State of New Jersey
LICENSED SITE REMEDIATION PROFESSIONAL LICENSURE APPLICATION REFERENCE FORM

Date Stamp (For Department use only)

Individuals seeking to become Licensed Site Remediation Professionals (LSRPs) are required to submit to the Site Remediation Professional Licensing Board (Board) three separate references, by means of the reference form herein, as part of their application.

The Board will rely on the information you provide in this reference form to determine whether to grant the applicant a license, therefore, it is crucial that the information you provide be complete, accurate, and substantiated by your own experience and knowledge of the applicant.

Completed reference forms and supplemental information should be delivered to the Board within 30 days of your receipt of this reference form. Send this reference form to the Board via email at SRPLBoardContact@dep.nj.gov with the subject line "Reference form for (applicant's name)".

Note that the applicant's application will not be deemed complete until this reference form is received by the Board. If you are unable or unwilling to complete this reference form within 30 days, immediately contact the applicant or the Board. If you have any questions or concerns about completing this form, contact the Board Executive Director at 609-984-3424 or SRPLBoardContact@dep.nj.gov.

1. APPLICANT INFORMATION (To be completed about the person submitting the Licensure Application)

Dr. Ms. Mrs. Mr.

Last Name:

First Name: M.I.: Suffix (Sr., Jr., IV):

Maiden Name:

2. REFERENCE INFORMATION (To be completed by person providing the reference)

Dr. Ms. Mrs. Mr.

Last Name:

First Name: M.I.: Suffix (Sr., Jr., IV):

Address:

City: State: Zip Code:

Phone Number:

Email Address:

Current Employer:

Current Title:

3. How do you know the applicant?

4. What is the timespan during which you have known the applicant? (month/year)

\_\_\_\_\_ to \_\_\_\_\_

5. Are you an LSRP?.....  Yes  No

If "Yes," provide License Number: \_\_\_\_\_

6. Are you a current or past employer of the applicant? .....  Yes  No

If "Yes," answer questions 6a and 6b:

a. What is the timespan during which you employed the applicant? (month/year)

\_\_\_\_\_ to \_\_\_\_\_

b. Provide contact information for the company by which the applicant is/was employed:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

7. Are you a current or past supervisor of the applicant? .....  Yes  No

If "Yes," answer questions 7a and 7b:

a. What is the timespan during which you supervised the applicant? (month/year)

\_\_\_\_\_ to \_\_\_\_\_

b. Provide contact information for the company where you supervised the applicant:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

8. Are there any circumstances that preclude your objective assessment of this applicant? .....  Yes  No

If "Yes," explain below or attach additional sheet:

9. Do you believe that the applicant is capable of and has demonstrated his/her ability to use independent professional judgment in designing, implementing and managing site remediation work and in satisfying the rules and requirements of NJDEP and/or other environmental regulatory agencies? .....  Yes  No

Explain below or attach additional sheet:

10. Do you consider the applicant to be of a professional caliber in his/her conduct and character? .....  Yes  No

Explain below or attach additional sheet:

11. Are you aware of the applicant having had any license suspended or revoked, or been subject to any disciplinary action?.....  Yes  No

Explain below or attach additional sheet:

12. Do you recommend that this applicant be approved to take the licensing exam to become a Licensed Site Remediation Professional in New Jersey?.....  Yes  No

Explain below or attach additional sheet:

13. Additional comments may be included below or attach additional sheet:

**14. Certification**

I \_\_\_\_\_, certify that I have personally completed this Reference Form and that all information provided herein is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date