



State of New Jersey

LICENSED SITE REMEDIATION PROFESSIONAL LICENSURE APPLICATION FORM

(For Board use only)

Date Application Received: _____

Date Application Fee Received: _____

Date Application Approved: _____

Read the State of New Jersey Licensed Site Remediation Professional Application Instructions before completing this application form.

- Submit the application, a current resume and supporting documents using the yellow button entitled "Submit Application Via Email"
- Please mail a check with the current application fee to "New Jersey Site Remediation Professional Licensing Board, PO Box 420, Mail Code 401-04, 401 East State Street, 4th Floor-East Wing, Trenton, NJ 08625-0420". Check the Board website for the current application fee amount. Please complete the mailing information on the last page of the application.

To add a picture, this form must be downloaded first. A picture cannot be added if the file is opened in a browser.

(Click Here to Attach Photo)

Your picture must be a clear, full-face passport-style photograph of your head and shoulders, taken within the past six months.

1. APPLICANT INFORMATION

Check the box next to the name you would like to appear on your license

☐ Professional Name

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

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

☐ Legal Name *Check if Same as above:* ☐

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

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

If the Board will receive information about you under a different name, please provide that name below.

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

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

Home/Personal Contact Information

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Business Contact Information

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email /Internet Address: _____

Indicate the address the Board should use for all correspondence and billing:

☐ Business ☐ Home/Personal

Is the applicant in need of an exam administration modification due to a disability covered under the Americans with Disabilities Act? ☐ Yes ☐ No

Telephone Numbers

Please provide all numbers and check the box to indicate the **best** number to contact you during normal business hours:

- ☐ Home Phone: _____
- ☐ Mobile Phone: _____
- ☐ Business Phone: _____ Ext: _____
- ☐ Business Mobile: _____

2. RELEVANT TRAINING AND COURSEWORK

For items a through c below, please provide the course provider, location, and date. Also provide a copy of the course completion certificate for each of the courses listed below.

a. 40-hour health & safety training pursuant to 29 CFR 1910.120

_____ Course Provider _____ Course Location _____ Date of Training

b. 8-hour refresher training course pursuant to 29 CFR 1910.120

_____ Course Provider _____ Course Location _____ Date of Training

c. Board approved course on the State's rules & regulations concerning the Technical Requirements for Site Remediation

_____ Course Name _____ Course Provider _____ Course Location _____ Date of Training

3. REFERENCE FORMS

Provide the following information for each of the individuals who have been requested to submit a reference on the applicant's behalf to the Board. Reference form is available on the Board website at www.nj.gov/lspbord/licensure/lspb_application_reference_form.pdf?v_1_5.

REFERENCE 1

Name: _____ Title: _____

Business Name: _____

Business Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business telephone number of individual writing reference: _____

Relationship of individual writing reference to applicant (i.e., supervisor, client, etc.): _____

REFERENCE 2

Name: _____ Title: _____

Business Name: _____

Business Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business telephone number of individual writing reference: _____

Relationship of individual writing reference to applicant (i.e., supervisor, client, etc.): _____

REFERENCE 3

Name: _____ Title: _____

Business Name: _____

Business Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business telephone number of individual writing reference: _____

Relationship of individual writing reference to applicant (i.e., supervisor, client, etc.): _____

4. EDUCATION

- a. Complete the table below for each of the applicant's degrees, including relevant advanced degrees for which the applicant is requesting Full-Time Professional Experience credit.

Degree: _____ **Month and Year Degree Conferred:** _____

Major Field of Study or Discipline in Which Degree Granted: _____

Name of Institution: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Is the Institution accredited by the U.S. Department of Education or ABET? ☐ Yes ☐ No

Number of Years of credit requested for Full-Time Professional Experience: _____

Degree: _____ **Month and Year Degree Conferred:** _____

Major Field of Study or Discipline in Which Degree Granted: _____

Name of Institution: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Is the Institution accredited by the U.S. Department of Education or ABET? ☐ Yes ☐ No

Number of Years of credit requested for Full-Time Professional Experience: _____

Degree: _____ **Month and Year Degree Conferred:** _____

Major Field of Study or Discipline in Which Degree Granted: _____

Name of Institution: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Is the Institution accredited by the U.S. Department of Education or ABET? ☐ Yes ☐ No

Number of Years of credit requested for Full-Time Professional Experience: _____

Degree: _____ **Month and Year Degree Conferred:** _____

Major Field of Study or Discipline in Which Degree Granted: _____

Name of Institution: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Is the Institution accredited by the U.S. Department of Education or ABET? ☐ Yes ☐ No

Number of Years of credit requested for Full-Time Professional Experience: _____

Degree: _____ **Month and Year Degree Conferred:** _____

Major Field of Study or Discipline in Which Degree Granted: _____

Name of Institution: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Is the Institution accredited by the U.S. Department of Education or ABET? ☐ Yes ☐ No

Number of Years of credit requested for Full-Time Professional Experience: _____

- b.** A transcript has been ordered to be delivered to the Board directly from each of the institutions listed in the table above. ☐ Yes ☐ No
- c.** Each of the institutions listed in the table above is located in the United States. ☐ Yes ☐ No
- d.** For any institution listed above not located in the United States the degree has been evaluated by a review service at the applicant's cost and the evaluation is attached to this application. ☐ Yes ☐ No ☐ N/A

If the evaluation is not attached, attach a complete explanation and provide copies of any pertinent documents.

- e.** Check the appropriate box below with respect to the applicant's primary language: (*Check one*)
- ☐ My primary language is English;
- ☐ My primary language is not English but my degree(s) is from an institution located in a country where the primary language is English;
- ☐ My primary language is not English and my degree(s) is from an institution located in a country where the primary language is not English. I understand that if this is the case, I am required to take and pass with a score of 90 or above the Test of English as a Foreign Language, and direct the Educational Testing Service to deliver the Score Report directly to the Board in support of this application.

5. PROFESSIONAL CONDUCT:

- a.** Has the applicant ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia, or any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be). ☐ Yes ☐ No
- If "Yes," attach a complete explanation and provide copies of any pertinent documents.*
- b.** Has the applicant ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury? ☐ Yes ☐ No
- If "Yes," attach a complete explanation and provide copies of any pertinent documents, including but not limited to, the indictment, judgment of conviction, sentencing order, release from parole or probation and proof that penalties or fines were paid in full.*

- c. Has the applicant ever applied for and been denied a professional license or professional certification in New Jersey, any other state, the District of Columbia, or any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each professional license or certification application denied, attach a complete explanation and provide copies of any pertinent documents.

- d. Does the applicant currently hold, or has he or she ever held, a professional license or professional certification of any kind in New Jersey, any other state, the District of Columbia, or any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each professional license or certification held, complete the following table and provide a copy of proof of licensure:

Professional License or Certificate	Date Issued	Agency/State Issuing License	License Number	Date License Expires

- e. Has the applicant ever surrendered or had suspended or revoked a professional license or professional certification in New Jersey, any other state, the District of Columbia, or any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each license or certification suspended, revoked or surrendered, attach a complete explanation and provide copies of any pertinent documents.

- f. Has the applicant ever been the subject of any type of disciplinary proceeding with respect to any professional license or professional certification he or she has ever held? ☐ Yes ☐ No
If "Yes," for each disciplinary proceeding, attach a complete explanation including the date and the outcome of the proceeding and provide copies of any pertinent documents

6. SOCIAL SECURITY NUMBER:

UPON PASSING THE EXAM, the applicant must disclose his or her Social Security number or Taxpayer Identification Number for the reasons stated below. The Board will contact the applicant with instructions.

The applicant is notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board as the licensing agency to which this form is submitted is requiring the mandatory disclosure of the applicant's Social Security number. The Social Security number may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies information obtained in investigations pertaining to licensure or disciplinary proceedings.

If the applicant does not have a Social Security Number or Taxpayer Identification Number, attach a complete explanation, and provide copies of any pertinent documents.

Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board as the licensing agency to which this form is submitted is required to obtain each applicant's Social Security number and, where one is not possessed, the reason for not having such number. Pursuant to these authorities, the Board is also obligated to provide each applicant's social security number to:

- The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- The Probation Division or any other agency responsible for child support enforcement, upon request; and
- The National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

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

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

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

Indicate the applicant's citizenship/immigration status:

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

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

Do you currently have a child-support obligation? ☐ Yes ☐ No

If "Yes," answer questions 1 through 4 below, otherwise proceed to the next section.

(1) Are you in arrears in payment of said obligation? ☐ Yes ☐ No

If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

(2) Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

(3) Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ... ☐ Yes ☐ No

(4) Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

9. FULL-TIME PROFESSIONAL EXPERIENCE

List on Table 9 each firm for which the applicant worked that he or she is counting toward full-time professional experience. In order to claim full-time professional experience, the applicant must have worked at the firm an average of at least 40 hours/week, with an average of at least 20 hours/week devoted to the application of 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 a contaminated site. Attach additional sheets if additional space is required to provide a complete history.

Table 9 Employment History

Dates of Employment (month and year): Began: _____ Ended: _____	
Years: _____	Months: _____
Firm: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone #: _____	
Title: _____	Supervisor: _____

Dates of Employment (month and year): Began: _____ Ended: _____

Years: _____ Months: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Title: _____ Supervisor: _____

Dates of Employment (month and year): Began: _____ Ended: _____

Years: _____ Months: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Title: _____ Supervisor: _____

Dates of Employment (month and year): Began: _____ Ended: _____

Years: _____ Months: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Title: _____ Supervisor: _____

Dates of Employment (month and year): Began: _____ Ended: _____

Years: _____ Months: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Title: _____ Supervisor: _____

10. RELEVANT PROFESSIONAL EXPERIENCE in New Jersey**a. Project List** – List most recent projects first. [Click here to duplicate this page at the end of the form](#)

Project #	Project	Duration of Involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Check if Providing Project Description (11b)																				
1	Project name: _____ PI #: _____ Municipality: _____ County: _____ <table border="1"> <thead> <tr> <th>Remedial Phase Experience</th> <th>PA</th> <th>SI</th> <th>RI</th> <th>RA</th> </tr> </thead> <tbody> <tr> <td>Personally worked on project:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Produced workplans/reports:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gained administrative experience:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Remedial Phase Experience	PA	SI	RI	RA	Personally worked on project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Produced workplans/reports:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gained administrative experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ To _____	_____	<input type="checkbox"/>
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☐ Check here if using additional pages and provide total of all pages at end. _____ Total Estimated Hours of Professional Experience: _____

b. Project Description*(Copy this page as many times as necessary and include as cover sheet for each Project Description)***Project # from Table 10a:** _____

Project Name: _____

Project location Address: _____

City/Town: _____ State: _____ Zip Code: _____

Project Duration:

Start Date: _____ End Date: _____

Period of time in which the applicant personally worked on the Project:

Start Date: _____ End Date: _____

Is Project still ongoing? ☐ Yes ☐ No

Client Name: _____

Client Address: _____

City/Town: _____ State: _____ Zip Code: _____

Client Contact Name: _____ Client Contact Title: _____

LSRP of Record for the Project: _____

Applicant's Supervisor on the Project: _____

Applicant's Position(s) on the Project: _____

On attached sheet, provide a project description that includes a detailed account of the applicant's personal experience:

1. Implementing the technical, scientific and regulatory aspects of site remediation for the project, including experience investigating, designing, implementing and/or managing within each phase of the site remediation process (PA, SI, RI, RA);
2. Producing, or participating in producing, workplans, and/or reports for each phase of the site remediation process (PA, SI, RI and RA) for that project; and
3. Meeting the Department's administrative requirements including, but not limited to, requirements pertaining to submittal of forms, regulatory and mandatory timeframes, applicable fees, presumptive remedies, remedial action permits and public notification, within each phase of the site remediation process (PA, SI, RI and RA) for that project.

11. CERTIFICATION

I, _____ in making this application to the Site Remediation Professional Licensing Board (Board) for licensure under the provisions of N.J.S.A. 58:10C-1 et seq. of the Site Remediation Reform Act, certify 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 deny renewal of or suspend or revoke a license issued by the Board.

I further certify that I have read the Site Remediation Reform Act (N.J.S.A. 58: 10C-1 et seq.) and Regulations of the New Jersey Site Remediation Professional Licensing Board (N.J.A.C. 7:26I) and fully understand that in receiving licensure from the Board I bind myself to be governed by them.

Furthermore, I 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 educational institutions, employers, supervisors, agencies, and all governmental agencies and instrumentalities (local, state, federal and foreign) and any other third person that may have information relevant to my application to release any information, files, or records requested by the Board.

Finally, I understand that to obtain a license from the Board, I must fulfill all requirements set forth in the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.) and the Regulations of the New Jersey Site Remediation Professional Licensing Board (N.J.A.C. 7:26I) and this application and instructions, and that I must take and pass the LSRP examination and submit the annual license fee.

Applicant Signature: _____

Date: _____

Mailed Application Fee InformationMailing Tracking Number: _____ ☐ No Tracking NumberMailing Service: ☐ USPS ☐ UPS ☐ FEDEX ☐ Other: _____ Date Mailed: _____

Check Number or Money Order Number: _____

**Click this button to create an email addressed
to the NJ SRPL Board with your completed application attached.**

**Remember to attach a current resume and any
other supporting documents to the email.**