Web: <u>www.nj.gov/lsrpboard</u> Tel: 609-984-3424

ADMINISTRATIVE HEARING REQUEST CHECKLIST

Α.	DISCIPLINARY DOCUMENT				
	Disciplinary Document ID Number:				
	Date Issued:	Date Received:			
В.	CONTACT INFORMATION AND HEARING REQUIREMENTS				
	<u>Petitioner</u>				
	Name of Petitioner:				
	Company Name:				
	Mailing Address:				
	Municipality:				
	Telephone Number:				
	Email Address:				
	Attorney (if applicable)				
	Name of Attorney:				
	Law Firm:				
	Mailing Address:				
	Municipality:				
	Telephone Number:				
	Email Address:				
	Hearing Requirements				
	Indicate the time required for the Hearing:		(indicate Hou	(indicate Hours/Days)	
	2. Is a barrier-free location required?		Yes	☐ No	
C.	DISCIPLINARY DOCUMENT RESPO	NSES			
	Indicate if the following documents are attached		ATTAC	ATTACHED	
	1. A copy of the Disciplinary Documer	nt	Yes	☐ No	
	2. A list of all specific issues being ap	pealed	Yes	☐ No	
	A document in which I have admitted insufficient knowledge for each of the Disciplinary Document.		□Yes	□ No	
	A list of all information and docume			□No	

	5. A list of all my defenses, stated in short and plain terms, to each of the Findings in the attached Disciplinary Document	☐ No			
D.	. WILLINGNESS TO NEGOTIATE SETTLEMENT				
	I am willing to negotiate a settlement with:				
	The Site Remediation Professional Licensing Board	☐ No			
E.	CERTIFICATION				
	"I understand that if I have answered "No" to any of the items listed in C. 1 through 5, above, that the Site Remediation Professional Licensing Board will deny my hearing request and the Disciplinary Document w become a final order."				
	Signature: Date:				

Mail this completed, signed, and dated Administrative Hearing Request Checklist, along with the information listed above, including attachments, to:

New Jersey Site Remediation Professional Licensing Board Mail Code 401-06 P.O. Box 420 401 East State Street Trenton, NJ 08625-0420

The submission may also be made electronically to SRPLBoardContact@dep.nj.gov.