

Web: www.nj.gov/lsrpboard

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
	Petitioner
	Name of Petitioner:
	Company Name:
	Mailing Address:
	Municipality: Zip Code:
	Telephone Number:
	Email Address:
	Attorney (if applicable)
	Name of Attorney:
	Law Firm:
	Mailing Address:
	Municipality: Zip Code:
	Telephone Number:
	Email Address:
	Hearing Requirements
	1. Indicate the time required for the Hearing:(indicate Hours/Days)
	2. Is a barrier-free location required? Yes No
C.	DISCIPLINARY DOCUMENT RESPONSES
	Indicate if the following documents are attached <u>ATTACHED</u>
	1. A copy of the Disciplinary Document
	2. A list of all specific issues being appealed
	 A document in which I have admitted, denied, or made a statement of insufficient knowledge for each of the Findings in the attached
	Disciplinary Document
	4. A list of all information and documents I intend to rely upon to support my appeal of the Disciplinary Document

	 A list of all my defenses, stated in short and plain terms, to each of the Findings in the attached Disciplinary Document
D.	WILLINGNESS TO NEGOTIATE SETTLEMENT
	I am willing to negotiate a settlement with:
	The Site Remediation Professional Licensing Board
Ε.	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 will become a final order."
	Signaturo:
	Signature: Date:
	ail this completed, signed, and dated Administrative Hearing Request Checklist, along with the formation listed above, including attachments, to:
	ail this completed, signed, and dated Administrative Hearing Request Checklist, along with the