



Department of  
Environmental Protection  
Site Remediation  
Program

**State of New Jersey**  
**LICENSED SITE REMEDIATION PROFESSIONAL**  
**LICENSURE EXAMINATION APPLICATION**  
**WITH**

**FULL CREDENTIAL REVIEW**



Site Remediation  
Professional  
Licensing Board

Date Stamp  
(For Department use only)

**1. APPLICANT INFORMATION** (All forms must be typed)

**Name**

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:

Dr.  Ms.  Mrs.  Mr.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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.

**(Attach Photo Here)**

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.

**Mailing Address**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail /Internet Address: \_\_\_\_\_

**Business Address** Check if same as Mailing Address

Business Name: \_\_\_\_\_

Business 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

Are you in need of an exam administration modification due to a disability covered under the Americans with Disabilities Act .....  Yes.....  No

**2. RELEVANT TRAINING AND COURSEWORK**

For items a through c below, please provide the location, date, and course provider for the listed training courses. Provide a copy of the course completion certification for each of the courses listed below. 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 Provider \_\_\_\_\_ Course Location \_\_\_\_\_ Date of Training \_\_\_\_\_

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

\_\_\_\_\_ Course Provider \_\_\_\_\_ Course Location \_\_\_\_\_ Date of Training

**c. SRPLB/NJDEP approved course on the State's rules & regulations concerning the Technical Requirements for Site Remediation (attach course completion certification)**

\_\_\_\_\_ Course Provider \_\_\_\_\_ 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. 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. 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.

Qualifying Degree and Degree type: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Transcript:  attached  mailed separately

**Additional education information must be included for all degrees to be used as a substitution of Professional Experience.**

Qualifying Degree and Degree type: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Transcript:  attached  mailed separately

Qualifying Degree and Degree type: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Transcript:  attached  mailed separately

Qualifying Degree and Degree type: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Transcript:  attached  mailed separately

**4. 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? .....  Yes  No  
*If "Yes," explain the circumstances on a separate page.*
- b. Are you currently a defendant in a criminal proceeding? .....  Yes  No  
*If "Yes," explain the circumstances on a separate page.*
- c. Are you currently the subject of pending professional disciplinary proceedings? .....  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.*
  - (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? .....  Yes  No  
*If "Yes," explain the circumstances below. Attach additional pages if needed.*

**5. 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 your application.

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.

SNN: \_\_\_\_\_

I, \_\_\_\_\_ on \_\_\_\_\_,  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.**

**6. 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.).



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. CERTIFICATION OF 5,000 HOURS OF RELEVANT PROFESSIONAL EXPERIENCE**

I certify under penalty of law that I have met the minimum requirement of having 5,000 hours of relevant professional experience within the State over the five (5) years immediately prior to submission of this application, that is of professional grade and character that indicates I am competent to issue a response action outcome (N.J.S.A. 58: 10C-7.d(3))

Applicant 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 (NJDEP) on Behalf of the New Jersey 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, 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 NJDEP.

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 NJDEP, 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 NJDEP.

Finally, 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.

**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"/>
11				to			<input type="checkbox"/>
12				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"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
				to			<input type="checkbox"/>
<b>Total Estimated Hours of Professional Experience in New Jersey</b> (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		
13				to		
<b>Total Estimated Hours of Professional Experience outside of New Jersey</b>						

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		
				to		
<b>Total Estimated Hours of Professional Experience outside of New Jersey</b>						

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**

<b>Total Estimated Hours of NJ Professional Experience</b> (from 11a above)	
<b>Total Estimated Hours of Professional Experience Outside of NJ</b> (from 11b above)	
<b>Qualifying Higher Education Professional Experience Substitution</b>	
<b>Total Estimated Hours of Professional Experience</b> (Must equal or exceed 8,000 hours)	

**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.

Empty response area for project history details.