



Department of
Environmental Protection
Site Remediation
Program

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

LIMITED 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. TEMPORARY LSRP LICENSE AND EXAMINATION APPLICATION HISTORY

Are you currently a Temporary Licensed Site Remediation Professional within the state of New Jersey? Yes No

a. If Yes, provide your Temporary LSRP Identification Number provided by the Department: ... _____

b. If Yes, is the License for the Remediation of Discharges from Underground Storage Tanks **Only**?..... Yes No

c. If Yes, are you delinquent with payment of your Temporary LSRP Annual Renewal Fee? Yes No

Is this the first time you are applying for the LSRP Licensure Exam?..... Yes No

If your answer is No, please list all prior dates you applied for LSRP Licensure Exam:

3. RELEVANT TRAINING AND COURSEWORK

For items A and B 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. 8-hour refresher training course pursuant to 29 CFR 1910.120 (attach course completion certification)

Course Provider	Course Location	Date of Training
-----------------	-----------------	------------------

b. SRPLB/NJDEP approved course on the State’s rules & regulations concerning the Technical Requirements for Site Remediation (attach course completion certification) This course must have been completed no more than three (3) years prior to submission of your **original** application. The three year requirement is **not** applicable to reapplication to take the exam. Please read the LSRP Licensure Application with Limited Credential Review Instructions for additional information.

Course Provider	Course Location	Date of Training
-----------------	-----------------	------------------

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.

SSN: _____

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

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a.1. through d. will result in a denial of this application. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

_____ Applicant's name (please print) _____ Applicant's signature _____ Date

7. 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: _____

8. 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