



## State of New Jersey

### LICENSED SITE REMEDIATION PROFESSIONAL AUDIT QUESTIONNAIRE FORM & SITE LIST

(For Board use only)  
Date Received: \_\_\_\_\_

#### SECTION A. INSTRUCTIONS

The Site Remediation Reform Act at N.J.S.A. 58:10C-24 requires the New Jersey Site Remediation Professional Licensing Board to audit Licensed Site Remediation Professionals (LSRPs).

LSRPs who are notified by the Board that they have been selected for audit are required to complete the entire Audit Questionnaire and Site List and submit them along with all supplemental information in electronic format to the Board at: [SRPLBoardContact@dep.nj.gov](mailto:SRPLBoardContact@dep.nj.gov).

Please be advised that you are required to complete the Audit Questionnaire and Attachment A - Audit Questionnaire Site List with respect to yourself as an individual LSRP. The word "you" refers to you as an individual, and does not include your employers, coworkers or clients. Answer the questions only on behalf of yourself.

Utilize the "Licensed Site Remediation Professional Comprehensive Report" and "Case Tracking Tool by LSRP" Data Miner reports, along with your records, to provide the information requested in the Audit Questionnaire and compile the Audit Questionnaire Site List.

The Data Miner Reports can be found at: <https://www13.state.nj.us/DataMiner>, under the category "Site Remediation."

If you have any questions, contact the Executive Director of the Board at 609-984-3424 or [SRPLBoardContact@dep.nj.gov](mailto:SRPLBoardContact@dep.nj.gov)

#### SECTION B. CONTACT INFORMATION

☐ Check if your employer or any contact information has changed. Date: \_\_\_\_\_

##### Current Personal Contact Information

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

License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Current Employer Information**

Current Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Mobile #: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Which mailing address do you prefer to receive audit correspondence?.... ☐ Employer Address ☐ Personal Address
2. Which email address do you prefer to receive audit correspondence?..... ☐ Employer Address ☐ Personal Address
3. Expiration Date of License: \_\_\_\_\_
4. Do you have any outstanding Annual License Fees or Renewal Fees? ..... ☐ Yes ☐ No

### **SECTION C. LEGAL AND DISCIPLINARY HISTORY**

**The applicable time period for questions in this section is the time period from the date that you received your most recent license renewal to the present, or, if you have not yet renewed your license, the date that you received your initial license to the present.**

1. Have you 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.*
2. Have you 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.*
3. Have you surrendered or had suspended or revoked a professional license or 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.*
4. Have you been the subject of any type of disciplinary proceeding with respect to any professional license or certification? (For example, has a complaint been made against you, have you been investigated by a licensing board, have you been sued in a civil action, or has a criminal complaint been brought against you?) ..... ☐ 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.*

## SECTION D. LSRP SUBMISSIONS AND COMPLIANCE WITH RULES OF PROFESSIONAL CONDUCT

The applicable time period for questions in this section is the time period from the date that you completed your most recent audit questionnaire to the present, or, if you have not previously been audited, the date that you received your initial license to the present. Complete Attachment A - Audit Questionnaire Site List as part of this section.

1. Provide the total number of sites for which you have been the retained LSRP (pursuant to N.J.S.A. 58:10C-16d) during any portion of the applicable time period. ....  
Complete the Audit Questionnaire Site List with information for each site for which you have been retained during any portion of the applicable time period. Identify each site and provide the information for each site requested in the Audit Questionnaire Site List.
2. During the applicable time period, were you released, or did you release yourself (pursuant to N.J.S.A. 58:10C-16d), as an LSRP for any site(s) prior to the issuance of an RAO? ..... ☐ Yes ☐ No  
If "Yes," identify the sites and explain the circumstances of release in "additional notes" on the Audit Questionnaire Site List, or, if needed, on a separate page.
3. During the applicable time period, did you withdraw any document(s), application(s) or proposal(s) submitted to the Department? ..... ☐ Yes ☐ No  
If "Yes", identify the document(s), application(s) or proposal(s) and explain the reasons for the withdrawal(s) in "additional notes" on the Audit Questionnaire Site List, or, if needed, on a separate page.
4. During the applicable time period, did the Department invalidate (pursuant to N.J.S.A. 58:10C-22) any document(s) that you issued? ..... ☐ Yes ☐ No  
If "Yes", identify the sites and explain the reason for the invalidation in "additional notes" on the Audit Questionnaire Site List, or, if needed, on a separate page.
5. During the applicable time period, did you fail to notify the person responsible for conducting remediation and the Department in writing (pursuant to N.J.A.C. 7:26I-6.8(c)) that a mandatory or expedited site-specific timeframe was unlikely to be met? ..... ☐ Yes ☐ No  
If "Yes", identify the site(s) and explain the reason(s) the notifications were not made in "additional notes" on the Audit Questionnaire Site List, or, if needed, on a separate page.
6. During the applicable time period, did any LSRP whose work you supervise or review commit any violation of any provision of Section 16 of SRRA (N.J.S.A. 58:10C-16r)? ..... ☐ Yes ☐ No  
If "Yes", identify the site(s) and explain the circumstances including any steps you took to avoid or mitigate the violation in "additional notes" on the Audit Questionnaire Site List, or, if needed, on a separate page.

## SECTION E. COMPLIANCE WITH RULES OF PROFESSIONAL CONDUCT

1. Except as described below, to the best of my knowledge I have complied with 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) in my performance of professional services as an LSRP. .... ☐ Yes ☐ No

## SECTION F. CERTIFICATION

I, \_\_\_\_\_ in submitting this Audit response, certify that I hold a current license as a Licensed Site Remediation Professional and that all responses and information provided are 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 result in an unsatisfactory audit finding and subject me to disciplinary action, which may include suspension or revocation of my license.

I further certify that I have read 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 fully understand that by holding a license as a Licensed Site Remediation Professional I am bound by the requirements of the Site Remediation Reform Act.

I consent to an audit by the New Jersey Site Remediation Professional Licensing Board and a thorough investigation of my past and present employment and other activities for the purpose of auditing my submissions and conduct. I further authorize all employers, supervisors, and governmental agencies and instrumentalities (local, state, federal and foreign) and any other person that may have information relevant to this audit to release any information, files or records requested by the New Jersey Site Remediation Professional Licensing Board.

Finally, I understand that knowingly providing inaccurate information or declining to participate in the audit may subject me to disciplinary action, which may include suspension or revocation of my license.

\_\_\_\_\_  
LSRP Signature

\_\_\_\_\_  
LSRP License Number

\_\_\_\_\_  
Date

### ATTACHMENT A - AUDIT QUESTIONNAIRE SITE LIST INSTRUCTIONS

- List below all sites for which you have been the retained LSRP during any portion of the applicable time period.
- The applicable time period is the time period from the date that you completed your most recent audit questionnaire to the present, or, if you have not previously been audited, the date that you received your initial license to the present.

**SRP PI Site Name:** Provide the full name of site as identified in Data Miner report.

**Type of Retention:** Specify if retained for the entire site or only AOC(s).

**Retention Date:** Start Date as shown on Notification of Retention.

**Dismissal Date:** End Date as shown on Notification of Dismissal. *(If no Notification of Dismissal, then leave this blank)*

**Key Documents Submitted:** Check off each Key Document you have submitted during the applicable time period.

**Additional Notes:** Provide any additional notes in support of the information requested in Section D. of the Audit Questionnaire *(attach additional pages if necessary)*.

Click this button to create an email addressed to the SRPL Board  
with your completed questionnaire form, site list, and supporting documents attached.

## Attachment A - Audit Questionnaire Site List

SRP PI#	SRP PI Site Information	Additional Notes
_____	<b>Site Name:</b> _____ <b>Retention Type:</b> <input type="checkbox"/> Entire Site <input type="checkbox"/> AOC(s) Only Retention Date: _____    Dismissal Date: _____ <b>Key Documents Submitted:</b> <input type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> RIR <input type="checkbox"/> RAW <input type="checkbox"/> RAR <input type="checkbox"/> RAO <input type="checkbox"/> RAP	
_____	<b>Site Name:</b> _____ <b>Retention Type:</b> <input type="checkbox"/> Entire Site <input type="checkbox"/> AOC(s) Only Retention Date: _____    Dismissal Date: _____ <b>Key Documents Submitted:</b> <input type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> RIR <input type="checkbox"/> RAW <input type="checkbox"/> RAR <input type="checkbox"/> RAO <input type="checkbox"/> RAP	
_____	<b>Site Name:</b> _____ <b>Retention Type:</b> <input type="checkbox"/> Entire Site <input type="checkbox"/> AOC(s) Only Retention Date: _____    Dismissal Date: _____ <b>Key Documents Submitted:</b> <input type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> RIR <input type="checkbox"/> RAW <input type="checkbox"/> RAR <input type="checkbox"/> RAO <input type="checkbox"/> RAP	
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_____	<b>Site Name:</b> _____ <b>Retention Type:</b> <input type="checkbox"/> Entire Site <input type="checkbox"/> AOC(s) Only Retention Date: _____    Dismissal Date: _____ <b>Key Documents Submitted:</b> <input type="checkbox"/> PA <input type="checkbox"/> SI <input type="checkbox"/> RIR <input type="checkbox"/> RAW <input type="checkbox"/> RAR <input type="checkbox"/> RAO <input type="checkbox"/> RAP	