



New Jersey
Site Remediation Professional Licensing Board
Licensed Site Remediation Professional
Inactivation of License Form

Date Stamp
(For Department Use Only)

SECTION A. CONTACT INFORMATION

Current Contact Information

LSRP Name: _____
 Company Name: _____
 Address: _____
 Municipality: _____ State: _____ Zip Code: _____
 Telephone #: _____ Cell Phone #: _____
 Email Address: _____

SECTION B. N.J.A.C 7:26I-2.15 INACTIVATION OF A LICENSE

Pursuant to N.J.A.C. 7:26I-2.15 I hereby request the inactivation of my Site Remediation Professional License, which has an expiration date of _____ .

I certify that:

1. *I have ceased to be, act as, advertise as, hold myself out to be, or represent myself as being an LSRP, and request inactivation until _____ (provide a date on or before the expiration date of your license);*
2. *My employment in New Jersey, if any, is not in any way related to the work typically performed by site remediation professionals, licensed or not, including, but not limited to:*
 - i. *The investigation or remediation of contaminated sites;*
 - ii. *The investigation or remediation of discharges from, or the removal of, underground storage tanks, regulated or not;*
 - iii. *The assessment of sites for environmental conditions; or*
 - iv. *The preliminary assessment or site investigation of contaminated sites for the purpose of conducting all appropriate inquiry into the previous ownership and uses of the property as provided in N.J.S.A 58:10-23.11g;*
3. *I do not render assistance or advice to persons engaged in site remediation, including, but not limited to, site remediation professionals, licensed or not, or persons responsible for conducting the remediation;*
4. *I have notified each of my clients by whom I have been retained as an LSRP in writing, with a copy to the Board at the address in N.J.A.C. 7:26I-3.7(B), of my intent to become an inactive LSRP;*
5. *I have submitted an LSRP Notification of Dismissal to the Department for each contaminated site for which I had submitted a Notification of Retention; and;*
6. *I have provided for the maintenance and preservation of all data, documents, records, and information concerning remediation activities at each contaminated site that I have worked on.*

LSRP License Number

LSRP Signature

Date