



# State of New Jersey

## LICENSED SITE REMEDIATION PROFESSIONAL LICENSE RENEWAL APPLICATION FORM

**(For Board Use Only)**

Date Application Received: \_\_\_\_\_

Renewal Fee Status: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

**IMPORTANT NOTE:** Your complete renewal application must include this completed application form, current OSHA certificate, continuing education certificates and any other supporting documents emailed as a single PDF document to [SRPLBoardContact@dep.nj.gov](mailto:SRPLBoardContact@dep.nj.gov)

### 1. LICENSED SITE REMEDIATION PROFESSIONAL (LSRP) INFORMATION

Check the box next to the name you would like to appear on your license

☐ **Professional Name**

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Suffix (*Jr, Sr, IV*): \_\_\_\_\_

☐ **Legal Name** Check if Same as above: ☐

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Suffix (*Jr, Sr, IV*): \_\_\_\_\_

If the Board will receive information about you under a different name, please provide that name below.

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Suffix (*Jr, Sr, IV*): \_\_\_\_\_

### Home/Personal Contact Information

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

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

County: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

### Business Contact Information

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

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

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

County: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Note: The business email address will be listed on DataMiner.

Indicate the address the Board should use for all correspondence and billing:

☐ Business ☐ Home/Personal

**Telephone Numbers**

Please provide all numbers and check the box to indicate the **best** number to contact you during normal business hours:

- ☐ Home Phone: \_\_\_\_\_
- ☐ Mobile Phone: \_\_\_\_\_
- ☐ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
- ☐ Business Mobile: \_\_\_\_\_

**2. PROFESSIONAL CONDUCT**

- a. Since receiving your permanent LSRP License, 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.*
- b. Since receiving your permanent LSRP License, 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.*
- c. In the previous 10 years, have you surrendered or had suspended or revoked a professional license or certificate in New Jersey or any other jurisdiction? ..... ☐ Yes ☐ No
- If "Yes", for each license or certificate, attach a complete explanation and provide any copies of any pertinent documents.*
- d. In the previous 10 years, have you been subject to a disciplinary action with respect to a professional license or certificate you hold in New Jersey or any other jurisdiction?..... ☐ Yes ☐ No
- If "Yes", for each license or certificate, attach a complete explanation and provide any copies of any pertinent documents.*

**3. OSHA 8-HOUR REFRESHER**

Please provide the course provider, course location and date of training for your most recent OSHA 8-hour refresher course and attach a copy of the OSHA course completion certificate. The 8-hour health and safety refresher course is an annual requirement for Licensed Site Remediation Professionals.

**8-hour health and safety refresher course pursuant to 29 CFR 1910.120**

_____	_____	_____
Course Provider	Course Location	Date of Training

**4. CONTINUING EDUCATION**

The Board requires that each LSRP earn 36 Continuing Education Credits (CECs) during the three-year term of his or her license. CECs may be earned by attending Board approved continuing education programs or participating in Board approved continuing education activities, which includes instructing a continuing education program, preparing and presenting a presentation, and authoring a paper that is published in a professional publication or peer reviewed proceeding of a conference. Only continuing education programs and activities previously approved by the Board may be listed below.

- **On the Continuing Education Credits Table list the courses that you attended in Numerical Order from lowest to highest by Board Course Number. The course numbers for each course must match those in the Table of Approved Continuing Education on the SRPL Board Website. Attach your course completion certificates in the same order. (example: 2012-001, 2017-071, 2019-060, 2024-002, etc.)**
- **Click here to visit the Board website at <https://www.nj.gov/lsrpboard/continuing-education/> to view and use the Continuing Education Courses listed in a pdf or the advanced search table.**

Continuing Education Credits Table

Board Course Number <small>In Numerical Order</small>	Board's Course Name <small>Attach your course certificates in the order listed in this table.</small>	Course Provider	Continuing Education Credits (CECs)				Course Date <small>Date course was held, not the certificate date</small>
			Regulatory	Technical	Ethics	LSRP Professional Development	

### Continuing Education Credits Table (con't)

Board Course Number <small>In Numerical Order</small>	Board's Course Name <small>Attach your course certificates in the order listed in this table</small>	Course Provider	Continuing Education Credits (CECs)				Course Date <small>Date course was held, not the certificate date</small>
			Regulatory	Technical	Ethics	LSRP Professional Development	
<p>You are required to have earned a minimum of 36 CECs at the time you submit this application. Of the 36 continuing education credits that each LSRP must earn:</p> <ul style="list-style-type: none"> <li>a minimum of <b>3</b> must be ethics CECs</li> <li>a minimum of <b>10</b> must be regulatory CECs</li> <li>minimum of <b>14</b> must be technical CECs</li> <li>The remaining <b>9</b> may be any combination of professional development, ethics, regulatory, and technical continuing education credits.</li> </ul> <p>Note: You may not count any one continuing education program more than once for any one license renewal cycle, even if you attend the program more than once during the cycle.</p> <p>Complete the table with all required information for each course listed and attach a copy of the course completion certificate or a copy of the continuing education approval letter you received from the Board. Continuing education programs must have been attended within the following time periods:</p> <ol style="list-style-type: none"> <li>For LSRPs renewing their license for the first time, the effective date of this license through the date of this application.</li> <li>For LSRPs renewing their license subsequent to previous renewals, 89 days prior to the effective date of this license (and provided it was not counted toward the previous license renewal), through the date of this application.</li> </ol>			<b>Total number of Regulatory credits earned:</b>	<b>Total number of Technical credits earned:</b>	<b>Total number of Ethics credits earned:</b>	<b>Total number of LSRP Prof. Dev. credits earned:</b>	<b>Total Credits Earned:</b>
			<b>min. of 10 required</b>	<b>min. of 14 required</b>	<b>min. of 3 required</b>		<b>min. of 36 required</b>

## 5. CERTIFICATION

I, \_\_\_\_\_, by entering my name here and below, certify that I am making this application to the Site Remediation Professional Licensing Board (Board) for license renewal under the provisions of N.J.S.A. 58:10C-1 et seq. of the Site Remediation Reform Act, 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 am aware that pursuant to N.J.S.A. 58:10C-17, I am subject to significant civil, administrative and criminal penalties, including license suspension or revocation, for submitting false statements, representations or certifications to the Board. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny license renewal or to suspend or revoke a license issued by the Board.

I have read the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.) and Regulations of the New Jersey Site Remediation Professional Licensing Board (N.J.A.C. 7:26I) and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

I consent to a thorough investigation of my past and present employment and other activities for the purpose of verifying my qualifications for license renewal. I further authorize all educational institutions, employers, supervisors, agencies, and all governmental agencies and instrumentalities (local, state, federal and foreign) and any other third person that may have information relevant to my application to release any information, files, or records requested by the Board.

I have paid all outstanding annual license fees due to the Board.

Finally, I understand that to renew my license with the Board, I must fulfill all requirements set forth in 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 this application and that I must submit the license renewal application fee.

LSRP Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

IMPORTANT NOTE: This application is a fillable PDF and can accommodate an electronic signature.

## 6. LSRP RENEWAL FEE INFORMATION

**Please note, your license will not be renewed until your renewal application is approved and your license renewal fee is paid. LSRP Invoices will be mailed to the mailing address on file with the Department.**

If the mailing address is incorrect send an email to [SRPLBOARDCONTACT@dep.nj.gov](mailto:SRPLBOARDCONTACT@dep.nj.gov) and include your correct mailing address to update your billing mailing address.

**Online Payment is the easiest, safest and quickest method of payment.**

[Click here to visit NJ DEP DataMiner and view your Billing Information.](#)

1. Select **"Outstanding Bills Report"**.
2. Enter your **License Number (Program Interest Number)**.
3. Select Program: **Site Remediation** from the dropdown box
4. Click on the **Invoice Number** to view your invoice.

To Pay online, go to <https://dep.nj.gov/online/> and select **"Pay for a License."**

- Enter the **invoice number and your license number**, and then follow the on-screen instructions.
- *Remember to save the payment confirmation for your records.*

How was Renewal Application Fee Paid? ..... ☐ Online, Date Paid: \_\_\_\_\_ ☐ By Mail (see next section)  
*(Important Note: Mailed payments take time to be received, processed and successfully applied to your license)*

## Mailed Renewal Application Fee Information

Mailing Tracking Number: \_\_\_\_\_ ☐ No Tracking Number  
 Mailing Service: ☐ USPS ☐ UPS ☐ FEDEX ☐ Other: \_\_\_\_\_ Date Mailed: \_\_\_\_\_  
 Check Number or Money Order Number: \_\_\_\_\_

## IMPORTANT NOTE

Your complete renewal application must include the following

- this application form,
- current OSHA certificate,
- continuing education credit certificates for the courses listed on page 3 and 4
- any other supporting documents

All documents must be emailed to [SRPLBOARDCONTACT@dep.nj.gov](mailto:SRPLBOARDCONTACT@dep.nj.gov) as a single PDF document.

If you need to make other arrangements for submitting this application, please contact the Board at the email address above or call 609-984-3424.

## LICENSED SITE REMEDIATION PROFESSIONAL LICENSURE RENEWAL APPLICATION FORM CHECKLIST

Check if included in Application	Section of Application	INFORMATION
<input type="checkbox"/>	1	Updated all contact information – Home and Business Address, Telephone Numbers and Email Addresses
<input type="checkbox"/>	2	Answered questions a – d with respect to professional conduct, and attached additional documentation if required
<input type="checkbox"/>	3	Provided information and Certificate to document completion of OSHA 8-Hour Refresher Training
<input type="checkbox"/>	4	CECs are listed on the table in the correct numerical order followed by the completion certificates in the same numerical order listed on the table on pages 3 and 4.  Provided complete information for each continuing education program and attached Certificate from the provider. NOTE: Information should only be provided for programs that have been completed, not for programs that the applicant has not yet attended or completed.
<input type="checkbox"/>	5	Completed certification. Note: Notarization is not required.