



Site Remediation
Professional Licensing
Board

State of New Jersey

LICENSED SITE REMEDIATION PROFESSIONAL LICENSE RENEWAL APPLICATION FORM

Date Stamp
(For Board use only)

*See end of this form for mailing information and other important instructions.
All outstanding annual license fees must be resolved prior to renewing your license.*

LSRP LICENSE #: _____
DATE CURRENT
LICENSE ISSUED: _____

1. LICENSED SITE REMEDIATION PROFESSIONAL (LSRP) INFORMATION

Dr. Ms. Mrs. Mr.

Last Name: _____

First Name: _____ M.I.: _____ Suffix (Jr, Sr, IV): _____

Will the Board 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.: _____ Suffix (Jr, Sr, IV): _____

Home Address

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email /Internet Address: _____

Check if different from information currently on file with the LSRP Board

Business Address Check if same as Home Address

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email /Internet Address: _____

Check if different from information currently on file with the LSRP Board

Telephone Numbers

Please provide all numbers and indicate the best number to contact you during normal business hours by checking the appropriate box:

Home: _____

Cell: _____

Business: _____ Ext: _____

Check if different from information currently on file with the LSRP Board

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, 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 location, date and course provider 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.

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, a minimum of three must be ethics CECs, a minimum of 10 must be regulatory CECs, and a minimum of 14 must be technical CECs. The remaining 9 may be in any one or more of these three areas of education.

Please provide the information listed below and for each course listed, 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 listed below must have been attended within the following time periods:

1. For LSRPs renewing their license for the first time, the effective date of this license through the date of this application;
2. 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.

Board Course No. _____ Date: _____	Course Name _____ Number of credits earned: _____	Course Provider _____ Regulatory _____ Technical _____ Ethics _____
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Board Course No. Date: _____	Course Name Number of credits earned: _____	Course Provider Regulatory _____ Technical _____ Ethics _____

Total number of **Regulatory** credits earned: _____ *(minimum of 10 required)*
 Total number of **Technical** credits earned: _____ *(minimum of 14 required)*
 Total number of **Ethics** credits earned: _____ *(minimum of 3 required)*
Total Credits Earned: _____ *(minimum of 36 required)*

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. 7:261) 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. 7:261) and this application and that I must submit the license renewal application fee.

LSRP Signature: _____ DATE: _____

LSRPs PLEASE NOTE: This application is a fillable PDF and can accommodate an electronic signature. After filling it out and signing by typing in your name, save the application then email it directly to the Board. Please note that beginning June 1, 2018, all applications for license renewal must be submitted via email to SRPLBoardContact@dep.nj.gov. The application form, OSHA certificates, continuing education credit certificates and any other supporting documents must also be emailed as one single PDF document. If you need to make other arrangements for submitting this application, please contact the Board at the email address above or 609-984-3424.

Email your completed application to SRPLBoardContact@dep.nj.gov

Provide your application, certificates and any other supporting materials as one PDF Document.

LSRPs whose licenses are due for renewal will be sent an invoice from the Department of Treasury for the renewal application fee. Please follow the instructions on the invoice for paying the renewal application fee.

Questions? Contact the Board at: 609-984-3424 or SRPLBoardContact@dep.nj.gov

LICENSED SITE REMEDIATION PROFESSIONAL LICENSURE RENEWAL APPLICATION FORM CHECKLIST

Check if included in Application	Section of Application	INFORMATION
		Application Fee Invoice has been paid.
<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	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.