



# Application Form to Be Eligible to Take the Examination to Become a Connecticut Licensed Environmental Professional

**DEEP USE ONLY:**

Application No.: \_\_\_\_\_

*I hereby apply to take the next examination based upon my understanding of the qualification criteria set forth pursuant to CGS Section 22a-133v to become a Licensed Environmental Professional.*

Please type unless otherwise noted.

## Part I: Applicant Information

Fill in the name and address of the applicant. The State Board of Examiners of Environmental Professionals (the Board) will use the address you provide here for all correspondence.

Applicant:

Will the Board receive information about you under a different name?  Yes  No

If your answer is "Yes", fill in the name here:

Mailing Address:

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if other than USA): \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ (Note: Only if applicant wishes to be contacted here.)

## Part II: Examination Fee

Please submit the application and examination fee of \$235.00 (check or money order), payable to the Department of Energy and Environmental Protection, with the memo space on the check or money order identifying the payment for the "LEP Examination Fee". The examination fee must be mailed or hand delivered to:

**CENTRAL PERMIT PROCESSING UNIT**  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET, FIRST FLOOR  
HARTFORD, CT 06106-5127

**Part III: Educational and/or Professional Engineer License Statement**

College or University Name	Address	Dates Attended		Credit Hours Completed	Type of Degree Received	Major Course of Study
		From	To			

**2. Verification of Education**

Applicant is required to send a signed "Verification of Education Form" directly to the educational institution where the highest relevant degree was obtained. The educational institution will complete the form and mail it directly to the DEEP. The school should be provided with a stamped envelope addressed to:

BOARD OF EXAMINERS OF ENVIRONMENTAL PROFESSIONALS  
 C/O DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 LEP PROGRAM  
 BUREAU OF WATER PROTECTION AND LAND REUSE  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

Any fees charged by the educational institution for this verification service are the responsibility of the applicant.

**3. Professional Engineer License**

Please provide the following information with regard to your valid *Connecticut* professional engineer license (if applicable):

Connecticut P.E. License number:

Date issued:

**Part IVA: Employment History**

Beginning with your present or most recent employment and working backward, list all positions held which are necessary for determining your eligibility. Please complete one separate sheet for each position as requested in the instructions. You may reproduce this sheet, if necessary.

Position No.: _____ of: _____ Position Title (Start with most recent job): _____	<b>Employer</b>
<b>Supervisor</b>	Name: _____  Address: _____  Phone: _____
Name: _____ Title: _____ Phone: _____	

Position Duration (month and year)		Engaged in (see instructions page 4)		Responsible Charge (see instructions page 5)	
(Start Date)	(End Date)	(Years)	(Months)	(Years)	(Months)

Job Responsibilities: On a day-to-day basis, identify below the percentage of time you were actively engaged in, or in responsible charge of, activities which involve the investigation and remediation of hazardous waste or petroleum products in soil or ground water while employed in this position, and provide a detailed description of your job duties.

% time engaged-in in this position

% time in responsible charge in this position

**Part IVB: Summary of Relevant Professional Experience**

Note: Engaged-in experience is the total time **actively** spent in the investigation and remediation of the release of hazardous waste or petroleum products in soil and ground water. Responsible charge is a subset of engaged-in and must be calculated accordingly.

Position No. (From Part IVA)	Position Title	Elapsed Time in Position		Engaged in		Responsible Charge	
		(Yrs)	(Mos)	(Yrs)	(Mos)	(Yrs)	(Mos)
<b>Total Relevant Professional Experience:</b>							
				(Yrs)	(Mos)	(Yrs)	(Mos)



**Part VI: “Responsible Charge” Experience Descriptions**

1. Please describe the levels of personal responsibility and independent judgment you exercised in responsible charge in the positions described in Parts IVA and IVB and the projects described in Part V, including the types and levels of responsibilities of persons you coordinated or supervised while conducting assessments, containments, remediations or removals at sites at which releases of hazardous waste or petroleum products have occurred. In particular, describe the following: the evaluation and selection of scientific or technical methods for such projects; the types or categories of conclusions you reached; the extent to which you used those conclusions in making recommendations to employers or clients regarding actions at sites; and the form in which you made those recommendations. What level of authority and exercise of control and discretion did you assume over the work of subordinates and what was the average size of teams you coordinated or supervised? Please reference position number(s) as directed in the instructions. Add additional pages, as needed.

**Part VI: “Responsible Charge” Experience Descriptions (cont.)**

2. **Optional:** You may provide additional information (250 words maximum) in support of your application for meeting the requirements set forth pursuant to CGS Section 22a-133v.

**Part VII: Professional References**

A total of three (3) professional references are required. In the box below, list the name, address and current telephone number of the three individuals who will serve as your professional references. Please note: the Board will accept **only one reference from present/past employers or co-workers**. The other two references must be from other individuals familiar with your professional work. References that display the breadth of an applicant's experience are recommended.

Name:		
Mailing Address:		
City/Town:	State/Province:	Zip Code:
Business Phone:	ext.	Fax:
Name:		
Mailing Address:		
City/Town:	State/Province:	Zip Code:
Business Phone:	ext.	Fax:
Name:		
Mailing Address:		
City/Town:	State/Province:	Zip Code:
Business Phone:	ext.	Fax:

