



INSTEP
International Society of Technical
and Environmental Professionals

**Licensed Environmental Professional
Credentials Review Application**

Section 1: Applicant Contact Information (Please Type or Print)

Last Name _____ First Name _____ Middle initial _____ Title: (Mr./Ms./Dr.) _____

Company/Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Section 2: Education

Please provide a copy of your diploma or a copy of your transcripts attached to this application. In addition, please list additional specialized training courses on a separate sheet of paper.

Section 3: Registrations

If you have are a Licensed Professional Engineer, Professional Geologist or are a Licesned by the Federal Government , State Government or Tribal entity as an Environmental Professional, please attach a copy to your application.

Section 4: Experience

On a separate sheet of paper please provide the following information:

- Dates of employment,
- Employer's name,
- Phone and Email Address
- Name of individual to whom you reported, and
- A short narrative description of your specific responsibilities.

Section 5: Affidavit of Truth

I hereby attest and affirm that I meet one of the requirements defined below in accordance with 40 CFR Part 312.

- (i) Hold a current Professional Engineer's or Professional Geologist's license or registration from a state, tribe, or U.S. territory (or the Commonwealth of Puerto Rico) and have the equivalent of three (3) years of full-time relevant experience; or
- (ii) Be licensed or certified by the federal government, a state, tribe, or U.S. territory (or the Commonwealth of Puerto Rico) to perform environmental inquiries as defined in § 312.21 and have the equivalent of three (3) years of full-time relevant experience; or
- (iii) Have a Baccalaureate or higher degree from an accredited institution of higher education in a relevant discipline of engineering, environmental science, or earth science and the equivalent of five (5) years of full-time relevant experience; or
- (iv) Have the equivalent of ten (10) years of full-time relevant experience.

Signed and Certified this _____ day of _____, 20____

BY: _____
(Signature)

State of _____ County of _____

WITNESS my hand and official seal,
this _____ day of _____ A. D. 20____

Return to:

INSTEP
Post Office Box 38070
Tallahassee, FL 32315

My Commission expires: _____

NOTARY PUBLIC

Email: gene@instep.ws