

LSP APPLICATION FORM

If you have applied previously, please enter your previous application number here: _____

[NOTE: If you applied previously, and you took but did not pass the Board's licensing exam, do not use this Application Form. Call 617-556-1091 and ask for the "Limited" Application Form.]

Application Number: _____
[for staff use only]

FORM 1 APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Will the Board receive information about you under a different name? Yes: ☐ No: ☐
If your answer is "Yes," fill in that name below:

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: When corresponding with you about your Application, the Board will use the address you provide below. Please indicate whether this is your home or business address by placing an "X" in the appropriate box.
Home: ☐ Business: ☐

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail/Internet Address: _____

Telephone Number(s):

Daytime Phone: () - Other: () -

Applicant's Selection of Standard or Alternate Track and Qualifying Degree:

Based on the Minimum Education Requirements in Section 3.02(1) of the regulations, indicate under which "Track" you want to be considered for licensure and provide the requested information about your qualifying educational degree:

CHECK ONLY ONE: Standard Track ☐ Alternate Track ☐

Field of Study of Qualifying Degree
(e.g., Civil Engineering)

Type of Degree
(e.g., BS, MS)

Year
Graduated

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Other Education

Field of Study	Type of Degree	Year Graduated

Moral Character and Proficiency:

1. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined as a member of any profession or holder of any public office, or have you voluntarily surrendered a professional license?

Check either: Yes ☐ No ☐

If Yes, explain the circumstances on a separate page.

2. Are you currently the subject of pending professional disciplinary proceedings?

Check either: Yes ☐ No ☐

If Yes, explain the circumstances on a separate page.

3. Convictions, Judgments, and Settlements:

(i) Have you ever been convicted of a felony? Yes ☐ No ☐

(ii) Have you ever been convicted of a misdemeanor involving Fraud, Deceit, Misrepresentation or Forgery? Yes ☐ No ☐

(iii) Within the last seven years have you had a civil judgment rendered against you or your company for professional errors, omissions, negligence, incompetence, or professional malpractice committed by you in the conduct of your business? Yes ☐ No ☐

(iv) Within the last seven years have you had a civil judgment rendered against you or your company for an action you took (or failed to take) involving Fraud, Deceit, Misrepresentation, Forgery, or the Massachusetts Consumer Protection Act (M.G.L. Chapter 93A)? Yes ☐ No ☐

If you answer Yes to any of these questions, explain the circumstances on a separate page.

4. Are you currently a defendant in a criminal proceeding?

Check either: Yes ☐ No ☐

If Yes, explain the circumstances on a separate page.

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Affidavit and Handwriting Sample

Fill out this section of your Application **last**, after you have completed and carefully reviewed all other sections.

Using an ink pen and your usual handwriting, write the following statement in the space provided below. By signing and dating this statement, you are making a formal written declaration under the pains and penalties of perjury that the information you are providing in your Application is true and correct.

AFFIDAVIT

“Under the pains and penalties of perjury, I declare that I have reviewed all the information provided in this Application, and all this information is true and correct. I understand that any misrepresentation will constitute grounds for rejection of my Application for licensure.”

Applicant Signature:_____ **Date:**_____

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FORM 2

RELEVANT PROFESSIONAL EXPERIENCE (“RPE”) POSITION DESCRIPTIONS

Applicant’s Name:

Position #: of

Position Description (Do Not Just Name; Give a Brief Description):

Position Duration: **Start Date:** / (mo/yr) **End Date:** / (mo/yr)

Time For Which You Are Claiming RPE For This Position: **Start Date:** / (mo/yr) **End Date:** / (mo/yr)

Employer Name:

Supervisor Name:

Supervisor Telephone No.: () -

Was position less than an average of 20 hours/week? Yes ☐ No ☐

If yes, average hours/week:

Fields(s) of Expertise for this position: *(These fields will be referenced on Form 3, Block a.)*

Answer the following questions in the spaces provided:

a. Explain your duties and responsibilities in this Position and describe how these duties and responsibilities involved work related to site assessments, risk characterizations, and/or remediation activities at contaminated sites. Describe the level of your duties and responsibilities within this Position at your company or organization.

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FORM 2 (Cont.)

b. Demonstrate how you were personally responsible for the evaluation and selection of scientific or technical methods for conducting site assessments, risk characterizations, and/or remediation activities at contaminated sites. Describe your role, the types of methods you selected, and the bases for your selections.

c. Describe the types and levels of responsibilities of the scientific and/or technical professionals you coordinated or supervised while conducting assessment, risk characterization, and/or remediation activities. What level of authority and degree of control did you assume over their work during this Position? What was the average size of teams you coordinated or supervised?

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FORM 2 (CONT.)

d. Describe the level of responsibility and independent judgment you exercised in this Position. Describe the types of conclusions you reached and the extent to which you used those conclusions in making recommendations to your supervisors or clients regarding response actions at contaminated sites. Describe the extent of involvement of your supervisor(s) in your conclusions and recommendations. How were your decision-making responsibilities differentiated from those of your supervisor(s)?

Relevant Professional Experience Claimed

/
 (yrs / mos)

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FORM 3

RELEVANT PROFESSIONAL EXPERIENCE (“RPE”)
PROJECT DESCRIPTIONS

Applicant’s Name:

Project # of
Refer to Position #

Project Description:

Project Duration: **Start Date:** / (mo/yr) **End Date:** / (mo/yr)

Time for which you are claiming RPE for this Project: **Start Date:** / (mo/yr) **End Date:** / (mo/yr)

Project Client:

Project Objective:

This Project involved: *(check as many as apply)*

☐ Site Assessment ☐ Risk Characterization ☐ Remediation ☐ Other

Did subsurface investigations occur during this Project? Yes ☐ No ☐

Project Information:

	Name	Address	Phone #
Employer:			() -
Supervisor:			() -

Answer the following questions in the spaces provided:

a. Describe how you applied technical knowledge and skill in one or more of your fields of expertise to this Project (refer to Form 2 “Field of Expertise” line), and describe how you evaluated and selected the scientific or technical methods used.

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FORM 3 (cont.)

b. Describe the nature and extent of the environmental conditions associate with the Project.

List the contaminants encountered.

c. Describe the extent to which you were a principal decision maker for this Project. Explain your overall role in the Project, including a description of your conclusions, how you arrived at your conclusions, what recommendations you made, and how you communicated them to your supervisor(s) and/or the client.

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FORM 4

RELEVANT PROFESSIONAL EXPERIENCE (“RPE”) SUMMARY OF POSITIONS

Applicant’s Name:

Position #

from

Form 2s

Position Description

**Dates in Position
(mo/yr) – (mo/yr)**

**Corresponding
Project Description Nos.**

**Claimed RPE
(yrs/mos)**

1		/ - /		/
2		/ - /		/
3		/ - /		/
4		/ - /		/
5		/ - /		/
6		/ - /		/
7		/ - /		/
8		/ - /		/

NOTE: Applicants applying under the Standard Track must claim at least 5 years of RPE. Applicants applying under the Alternate Track must claim at least 7 years of RPE. In addition, all applicants must claim at least 3 years of RPE within 5 years of submitting this Application. If you do not claim the requisite amount of RPE, this Application will be deemed incomplete.

RELEVANT PROFESSIONAL EXPERIENCE:

/

(Yrs / Mos)

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FORM 5

OPTIONAL STATEMENT OF QUALIFICATIONS

Applicant's Name:

In this space, in 250 words or less, you may provide additional information in support of your claim that you meet the requirements for Relevant Professional Experience ("RPE").

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FORM 6

TOTAL PROFESSIONAL EXPERIENCE (“TPE”)
POSITION DESCRIPTIONS

Position # of

Applicant’s Name:

Position Description:

Position Duration: **Start Date:** / (mo/yr) **End Date:** / (mo/yr)

Employer Name:

Supervisor Name :

Supervisor Telephone No.: () -

Was Position less than an average of 20 hours/week? Yes ☐ No ☐

If yes, average hours/week:

a. Describe the environmental, scientific, and engineering fields that your work involved.

b. Describe how your work involved the application of scientific or engineering principles.

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FORM 6

TOTAL PROFESSIONAL EXPERIENCE ("TPE") POSITION DESCRIPTIONS (cont.)

c. Describe the nature of your conclusions you reached and describe how those conclusions formed the basis for reports, studies, or other documents.

Total Professional Experience Claimed

/
 (yrs / mos)

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FORM 7

SUMMARY OF
TOTAL PROFESSIONAL EXPERIENCE (“TPE”) CLAIMED

Applicant’s Name:

Number of Years of Relevant Professional Experience (“RPE”) from Form 4 :

Box 1

/
(yrs/mos)

Summary of Form 6 (“TPE”) Positions:

Position # from Form 6	Employer	Dates in Position (mo/yr – mo/yr)	TPE Claimed (yrs/mos)
1		/ - /	/
2		/ - /	/
3		/ - /	/
4		/ - /	/
5		/ - /	/
6		/ - /	/
7		/ - /	/

Box 2

Number of years of experience from all Form 6 positions:

/
(yrs/mos)

Request for “Extra Education Credit” for Total Professional Experience:

Field of Study	Type of Degree	Time Requested (whole years only)

(Note: Immediately following Form 7, attach original documentation from a recognized college or university confirming that you received the degree(s) you have listed here.)

Box 3

Extra Education Credit Subtotal (maximum 2 years):

/ 0
(yrs/mos)

Box 4

Total Professional Experience claimed:
(Box 1 + Box 2 + Box 3 = Box 4):

/
(yrs/mos)

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FORM 8

SUMMARY OF PROFESSIONAL REFERENCES

The Board requires a total of four (4) professional references. (Additional references will **not** be accepted.) In the box below, list the names, addresses, and current telephone numbers of the four individuals who will serve as your professional references. References must be typed and submitted on the Board's *LSP Professional Reference Form*.

Name	Address	Current Telephone Number
	Address: City/ST/Zip:	() -
	Address: City/ST/Zip:	() -
	Address: City/ST/Zip:	() -
	Address: City/ST/Zip:	() -

Reference Handling Instructions:

Step 1: Download and save the *LSP Professional Reference Form* from the Applications section of the Board's website: <http://www.mass.gov/lsp/> This form is a Word document.

Step 2: E-mail a copy of this *Reference Form* to each of your References. However, before e-mailing each one, fill out Page 1 of the form with the Reference-specific information requested in Box 1. Then fill out the Waiver in Box 2. (See the Application Instructions for more information about this Waiver.)

Step 3: In your separate e-mails to them, instruct each of your Reference to carefully read and follow the Instructions on the second page of the *LSP Professional Reference Form*. Among other things, these Instructions direct each Reference to answer all the questions (typed answers only) and to return the completed form to you in a sealed, standard envelope with the Reference's signature across the seal on the back of the envelope.

Step 4: When you receive the envelopes containing the 4 completed *Reference Forms*, **do not open the sealed return envelopes**. You must submit these four sealed envelopes containing *Reference Forms* with the rest of your Application. Upon receiving your Application materials, the Board's staff will verify that the envelopes are sealed.

Please note the following:

- 1) The Board will reject an Application when it is evident that one or more Reference envelopes have been opened or otherwise tampered with.
- 2) Failure to provide up-to-date telephone numbers for each of your References may delay the processing of your Application.