



ASTM Certified Environmental Liabilities Professional Level I Program Application

CANDIDATE INFORMATION

(Circle One) Mr. Mrs. Ms.

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

Organization/Company: _____

Address: _____

Phone: _____ Email: _____

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.

REGISTRATIONS

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.

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



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: _____ State of _____ County of _____

WITNESS my hand and official seal,
this _____ day of _____ A. D. 20__ My Commission expires: _____

NOTARY PUBLIC

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to certification, I understand that false or misleading information in my application may result in suspension from the program.

Candidate

Signature: _____ Date: _____