



ADVANCING STANDARDS  
TRANSFORMING MARKETS

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## ASTM Certified Environmental Professional 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: \_\_\_\_\_