

LSP ASSOCIATION PEER REVIEW PROGRAM

APPLICATION TO BE A REVIEWER

INFORMATION REGARDING POTENTIAL REVIEWER:

NAME: _____

COMPANY: _____

ADDRESS: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Preferred Method of Communication: (check one): Work Cell Email

Number of years of active practice as an LSP: _____

Area(s) of expertise (e.g., Hydrogeology, Remediation, Risk Characterization, etc.) - no more than three:

1. _____

2. _____

3. _____

Specialty practice area(s): (Brownfields, MGPs, NAPLs, etc.)

Total number of Permanent and Temporary Solutions managed: _____

Total number of DPSs managed: _____

Number of Permanent and Temporary Solutions managed in past three years: _____

Number of DPSs managed in past three years: _____

Number of AULs managed in past three years: _____

I ATTEST THAT THE FOLLOWING IS TRUE:

- I am an LSP in good standing, with a valid license.
- I have no current actions before the LSP Board or prior actions that resulted in discipline.
- I will commit to undertake any review that I accept, and deliver the review products, within the time frame agreed to with the Applicant, anticipated to be a maximum two-week period.
- I will have a follow-up conversation with the Applicant.

SIGNATURE: _____

LSP NUMBER: _____

DATE: _____

[DATE]