



**APPLICATION FOR CERTIFICATE OF REGISTRATION
LPST CORRECTIVE ACTION PROJECT MANAGER**

PLEASE COMPLETE THE FOLLOWING (Once completed, these documents must accompany your application):

**Corrective Action Experience - Completed by you, give a description of corrective action experience defined in the rules.
Client Reference Forms (3) - To be completed by 3 different clients/companies.**

CORRECTIVE ACTION EXPERIENCE (Please refer to 30 TAC, Chapter 334.457(2)(B)(i))

Current Employer 1)		Business Telephone 2) Primary ()		
Business Mailing Address (i.e., P.O. Box/Drawer) 3)	City 4)	County 5)	State (abbrev.) 6)	Zip 7)
Dates of Employment 8) From: / / To: / /		Position 9)		
Corrective Action Duties Performed 10)				
Previous Employer 1)		Business Telephone 2) Primary ()		
Business Mailing Address (i.e., P.O. Box/Drawer) 3)	City 4)	County 5)	State (abbrev.) 6)	Zip 7)
Dates of Employment 8) From: / / To: / /		Position 9)		
Corrective Action Duties Performed 10)				
Previous Employer 1)		Business Telephone 2) Primary ()		
Business Mailing Address (i.e., P.O. Box/Drawer) 3)	City 4)	County 5)	State (abbrev.) 6)	Zip 7)
Dates of Employment 8) From: / / To: / /		Position 9)		
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Note: Use additional sheets if necessary.

SIGNATURE

I, _____, do certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in the rejection of this application.

(Blue Ink Please) Signature _____

_____ Date



TCEQ CORRECTIVE ACTION REFERENCE FORM
 required as part of the application for registration as an
LPST CORRECTIVE ACTION PROJECT MANAGER

INSTRUCTIONS FOR PERSON COMPLETING THIS REFERENCE STATEMENT

The rules of the Texas Commission on Environmental Quality (TCEQ) (30 TAC Chapter 334, Subchapter J) require that an applicant seeking registration as an LPST Corrective Action Project Manager submit sworn statements from three different clients/companies, not related by blood or marriage, for whom the applicant performed corrective action services **within the immediately preceding 24 months. Please limit each reference to one specific job done within one specific time period. Please also give the specific physical address of the job site.** (If no physical address exists, state directions to the job site from a point, such as an intersection, easily found on a highway map.) Be sure that the entire form has been filled out completely and accurately. Any incomplete or omitted information may delay the processing of the application. The form should be completed legibly and **signed in blue ink.**

SECTION I - APPLICANT INFORMATION (individual applying for license)

Name 1)		Home Telephone 2) ()		
Mailing Address 3)	City 4)	County 5)	State (abbrev.) 6)	Zip 7)

SECTION II - CLIENT INFORMATION (customer for whom the work was done)

Client Representative (name of person completing form): a)		Title of Client Representative		
Business Name: b)		Business Telephone ()		
Job-Site Address (street or physical location) c)	City	State (abbrev.)	Zip	

SECTION III - CLIENT'S EVALUATION OF CORRECTIVE ACTION PERFORMED BY APPLICANT
 (Please reference one specific job done during one specific time period.)

- A. Show the project dates that the applicant participated in the corrective action activity.
 From _____, 19____ To _____, 19____.
- B. Which of the following corrective action activities were performed by the applicant on the above dates?
 LPST RCRA OSPRA CERCLA Chap. 26, TX WATER CODE
- C. What type of corrective action service was done?
 Engineering Geology Hydrogeology Other (explain) _____

D. Please provide a detailed description of corrective action services (Phase II activities) performed by the applicant: _____

E. Generally, was the activity completed to your satisfaction? Yes No If no, explain in Section IV.

F. Would you employ the applicant again for corrective action or other activities? Yes No If no, explain in Section IV.

G. Would you recommend (or have you recommended) the applicant for corrective action activities to your business associates or colleagues? Yes No If no, explain in Section IV.

H. Please indicate your general assessment of the applicant in the following categories:

Quality of Performance Excellent Good Poor Uncertain

Business Integrity Excellent Good Poor Uncertain

SECTION IV - ADDITIONAL INFORMATION (Identify applicable section number)

SECTION V - SIGNATURE

I, _____, do hereby attest that the above statements and information are true and correct to
Print or type name
the best of my belief and knowledge.

Signature _____

(Blue Ink Please)

Date _____



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