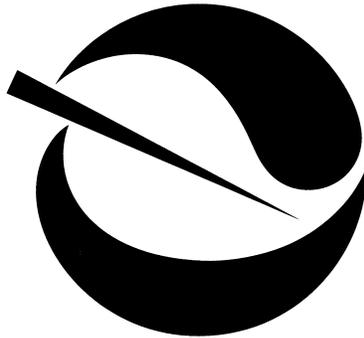


**California Environmental Protection Agency  
Department of Toxic Substances Control**



**Registered Environmental Assessor II  
(REA II)  
Five-Year Renewal Application**

**Registered Environmental Assessor Program**

**P.O. Box 2978**

**Sacramento, CA 95812-2978**

**(916) 324-6881**

**[REA\\_mailbox@dtsc.ca.gov](mailto:REA_mailbox@dtsc.ca.gov)**

**[www.dtsc.ca.gov/rea](http://www.dtsc.ca.gov/rea)**

## REGISTERED ENVIRONMENTAL ASSESSOR II (REA II)

### RENEWAL APPLICATION INSTRUCTIONS

Before completing this renewal application, please read the REA Program Law, Regulations, and Information Collection, Access and Disclosure/Privacy Statement. The Law (Health and Safety Code, § 25570.1 et seq.) and Regulation ([California Code of Regulations, Title 22, chapter 52, sections 69200 - 69214](#)) can be accessed on our website at [www.dtsc.ca.gov/rea](http://www.dtsc.ca.gov/rea), or you may contact our office at (916) 324-6881 or [REA\\_Mailbox@dtsc.ca.gov](mailto:REA_Mailbox@dtsc.ca.gov) to obtain copies.

Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application. It is strongly suggested that the application be typed; if it is not typed, it must be neatly printed in ink. **Applications that are not legible will be returned.** Also, please use the Application Submittal Checklist to insure that your application package is complete.

### APPLICATION PACKAGE CONTENTS

REA II Five-Year Renewal Application Package includes:

1. Application
2. Application Fee Payment Information
3. Application Submittal Checklist
4. Information Collection, Access and Disclosure/Privacy Statement

**If you are missing any items, please contact the REA Program at (916) 324-6881 or [REA\\_Mailbox@dtsc.ca.gov](mailto:REA_Mailbox@dtsc.ca.gov).**

**REGISTERED ENVIRONMENTAL ASSESSOR II (REA II) FIVE YEAR RENEWAL**

Information on this form must be typed or neatly printed in ink. "See attached" and resumes are not acceptable in lieu of completing this form. Attach a \$50 nonrefundable application review fee (check, money order, or credit card authorization) payable to DTSC/REA II.

REA II registration number: \_\_\_\_\_

**SECTION 1 – CONTACT AND REGISTRY LISTING INFORMATION**

(Select one) Mr. Mrs. Ms. Dr.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

**MAILING ADDRESS:**

DTSC will use the address provided below for all correspondence, and will list this address on the REA website.

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

ext. \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Email addresses are for official DTSC usage only. It will not be listed in the registry, nor will it be released to the public.

United States Citizen: (If no, please provide copy of resident alien card) Yes No

**SECTION 2 – LICENSES/CERTIFICATIONS/REGISTRATIONS:** State certification, licensing, registration or certification by a nationally recognized professional association in a physical or biological science, or engineering. *Attach additional sheets if necessary)*

<u>License/Certificate/Registration Name</u>	<u>Registration #'s</u>	<u>Awarding Agency</u>	<u>Expires (Month/Year)</u>
			/
			/
			/

### **SECTION 3 – CRIMINAL RECORD**

Have you ever:

(i)	Been disbarred, suspended, reprimanded, censured, disqualified or otherwise disciplined as a member of any profession or holder of any public office?	Yes	No
(ii)	Voluntarily surrendered a professional license or certification, or had one denied, revoked or suspended?	Yes	No
(iii)	Been subject to professional disciplinary proceedings?	Yes	No
(iv)	Been convicted of a crime, including a felony or misdemeanor involving an act of moral turpitude? (Conviction of a crime includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.)	Yes	No
(v)	Knowingly made a false statement regarding a material fact in connection with an application for registration?	Yes	No
(vi)	Had a civil judgment against you for professional errors, negligence, incompetence or professional malpractice in the conduct of your business?	Yes	No
(vii)	Had a civil judgment against you for an action involving fraud, deceit, misrepresentation or forgery?	Yes	No

**If you answer yes to any question, explain the circumstances, in detail, on a separate sheet and include date, location, plea, penalties, and current status.**

### **SECTION 4 – AREAS OF EXPERTISE**

These areas list your fields of expertise for which you have recent and current experience. You must describe at least one recent project in the following section for each area of expertise listed below. These areas of expertise are listed with your contact information for potential clients to use in determining whether to contact you for assistance.

Please check the expertise number for all areas of expertise that apply.

- 00 Environmental Site Assessment
- 01 Air Emissions Assessment, Prevention, Monitoring and Control
- 03 Emergency Preparedness and Response
- 12 Surface and Groundwater Contamination Assessment, Prevention, Monitoring and Control
- 15 Generator Waste Disposal, Recycling, Reduction, Storage, and Treatment
- 21 Occupational Health and Safety Reviews
- 23 Risk Assessment and Risk Reduction Recommendations
- 25 Soil Contamination Assessment, Prevention, Monitoring and Control
- 27 Underground Tank Checks and Removal
- 29 Other Areas of Expertise relating to Hazardous Substances and/or Waste Management

**\*\*If your cited experience includes soil and groundwater assessments, sampling or investigations:**

- a) Provide your current California Professional Geologist or California Professional Engineer-Civil License Number and expiration, or
- b) Describe your role as REA II as you perform in these areas of expertise such that you are not conducting the unlicensed practice of geology as defined in the Geologist and Geophysicist Act and enforced by the California Department of Consumer Affairs Board for Geologists and Geophysicists.

In the following fields, describe experience supporting your claim(s) of expertise. Include dates (month/year) for the experience described. Carefully answer each field **precisely** as requested.

**NOTE:** the experience you describe below must have been acquired within **the last four years**. If you do not have a qualifying degree, describe experience you have acquired within **the last eight years**.

**"Your application may not be reviewed and may be returned to you if the application lacks reference to the California Professional Geologist or Professional Engineer - Civil who maintained responsible charge of work for the elements of the practice of geology entailed in your cited experience."**

**SECTION 5 – PROFESSIONAL-LEVEL – SITE MITIGATION EXPERIENCE**

Health and Safety Code section 25570.3(c)(2) requires that an REA II have a minimum of eight (8) years of professional-level environmental experience, acquired within the last ten (10) years, of which four (4) years shall be professional-level site mitigation experience acquired within the last 6 years.

**"PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE"** means supervisory or project management related experience obtained through managing or supervising scientific or engineering staff who are conducting multimedia investigations, assessments, and cleanup work at hazardous substance and hazardous waste sites. Such experience must be of a professional-level and indicative of an REA II's competence to conduct investigation, assessments and remedial work and/or to render opinions regarding investigation, assessments, and remedial work at response action sites (exclusive of the CA practice of geology or engineering). Professional-level site mitigation experience shall be in positions in which the applicant evaluated and selected scientific or technical methodologies (exclusive of the CA practice of geology or engineering) for conducting assessments, contaminants, or removals at sites; supervised or coordinated other professionals in the conduct of scientific and technical tasks necessary to complete assessments, containments, or removals; and drew scientifically supportable technical conclusions, made recommendations, and issued opinions based on the results of assessments, containments, or removals. (California Code of Regulations, Title 22, Division 4.5, Chapter 52, section 69000)

Please see the California Code of Regulations, Title 22, Division 4.5, Chapter 52, section 69000 (m) for additional definition of "professional-level site mitigation experience."



**SECTION 5.b – PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE - POSITION SUMMARY**

Please list each position you held during the past five (5) years, which illustrate your professional-level site mitigation experience. List the position title, dates you held that position and total the elapsed time at the bottom.

Position Number	Position Title	Dates in Position (mm/yy to mm/yy)	Elapsed Time in Position (yrs./mos.)
1.		to	/
2.		to	/
3.		to	/
4.		to	/
5.		to	/

Please attach separate sheets if necessary

Total Professional-Level Environmental Experience:

           /             
Years/Months

**SECTION 6.a – PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE – PROJECT DESCRIPTIONS**

Please describe representative site mitigation projects in which you served in a professional-level capacity. The project descriptions must illustrate experience during four of the past five years while holding the position(s) listed in Section 5.b. Limit descriptions to projects illustrating work in one or more of your areas of expertise (listed in Section 4). Phase I environmental site assessments alone are not satisfactory examples of site mitigation experience unless accompanied by other sampling investigations. **Project lists without responses to the questions are unacceptable and will disqualify your application.**

Project Title/Name:

Project Description:

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Project Duration: (Month/Year)  
 From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Personal Involvement: (Month/Year)  
 From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Project Client:

Project Objective (including overall project objective and the objective during your involvement):

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**Type of Project:**

Assessment/Investigation      Containment      Removal      Remediation  
 Monitoring      Other \_\_\_\_\_

Did subsurface investigations occur during your involvement in this project?    Yes                      No

If yes, list the investigation methods employed on this project. \_\_\_\_\_

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**SECTION 6.b – PROFESSIONAL-LEVEL SITE MITIGATION EXPERIENCE – PROJECT INFORMATION****Project Information:**

Supervisor Name (if applicable):

Supervisor Address:

Supervisor Phone Number:

**For each project described, please provide separate answers to the following questions as completely as possible on a separate page. Resumes in lieu of answers are unacceptable and will not be reviewed.**

1. Describe your responsibilities in determining the project scope and technical methods used to conduct the investigation, assessment, containment and/or remedial activities on this project. Define your level of authority and control you assumed over project work, include the extent to which you were involved in this project either as a member of a team or the supervisor or project manager.
2. Describe the number of professionals, technicians and contractors (if any) you supervised or directed, and their roles on this project.
3. Describe how activities conducted on this project apply to an area of expertise identified in Section 4.
4. List the relevant regulations that you evaluated and applied in determining the scope and requirements for project activities.
5. Briefly describe or list the nature and extent of the environmental conditions associated with the project including the types of media and contaminant(s) involved.
6. Describe any subsurface investigation(s) that occurred during your involvement in this project and the technologies you employed to conduct the investigation(s).
7. Describe your role in any risk or exposure assessment conducted on this project including your responsibilities for determining the type and scope of any assessment, selecting the contaminants of concern, exposure pathways and receptors, and/or evaluating the results from any assessment.
8. Describe what, if any, remedial actions were taken for this project and the extent to which you were involved in the feasibility evaluation, selection and implementation of these remedial actions.
9. Describe the extent of your role in the development of conclusions and recommendations regarding the site or project activities. List the method or form in which you communicated them. **Please attach a copy of project communications illustrating the conclusions and recommendations (e.g. executive summary or the conclusion and recommendation section from project report(s), letter reports, closure requests, etc.)**. Remove client sensitive confidential information, as needed.

**SECTION 7 – TECHNICAL WRITING SAMPLE**

Provide one signed technical writing sample (e.g., risk assessment, sampling plan, remedial plan or other technical document) of which you were a principal or sole author, submitted during the normal course of activity on one of the projects described in Section 6.a. Do not submit more than one volume. Remove client sensitive confidential information, as needed. Include a signed signature page or transmittal letter prepared for the document which denotes your authority. This sample may be included as one of the documents submitted in response to 6.b.

Document Title:

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Document Date:

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Principal Author:

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**SECTION 9 – REFERENCES**

Provide the full name, place of employment, address and telephone number of **three** references who can attest to your professional-level site mitigation experience. References must be your current or past employers, clients, professional colleagues, or lead agency staff, at an equal or higher level to you, who can attest to your technical competency, professional integrity/ethics and knowledge of environmental statutes, regulations and practices during your professional level site mitigation activities. **None of these references may be related to you by birth or marriage.**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

**SECTION 10 – ACKNOWLEDGMENT**

Any person willfully providing false information may have his or her application denied. The applicant hereby certifies that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful.

This application is a public record pursuant to the California Public Records Act. In the event DTSC receives a request for inspection or copying, DTSC will comply, except that DTSC will not provide social security numbers or confidential financial records.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application, as well as any other documents submitted in support of this application, is true and correct.

Applicant's Signature	Date Executed
Applicant's Printed Name and Title	Executed in the County of



California Environmental Protection Agency  
Department of Toxic Substances Control

**REA II Five-Year Renewal Application Fee Payment Information \***

REA II Registration Number \_\_\_\_\_

Name (First) (M.I.) (Last) \_\_\_\_\_

Mailing Address (Number, Street, and Apt./Suite) \_\_\_\_\_

(City) (State) (ZIP Code) \_\_\_\_\_

Phone #: \_\_\_\_\_

**OFFICE USE ONLY 84**

Date appl. received: \_\_\_\_\_

Date payment received: \_\_\_\_\_

Date payment posted: \_\_\_\_\_



VISA

Check/Money Order # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_



Master Card

Credit Card (Provide information below)



American Express

Amount Authorized \$ \_\_\_\_\_



Discover/NOVUS

3-digit ID no.: \_\_\_\_\_

Card No. \_\_\_\_\_ / \_\_\_\_\_ Expiration date (MM/YY)

On back of Discover/NOVUS card

Printed Cardholder Name \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature Date Signed

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and has been dated.**

**Please mail authorization for payment to:  
Department of Toxic Substances Control  
REA Program - Accounting Unit  
P.O. Box 2978  
Sacramento, California 95812-2978**

**REGISTERED ENVIRONMENTAL ASSESSOR II  
(REA II)**

**APPLICATION SUBMITTAL CHECKLIST**

To assure efficient processing of your Registered Environmental Assessor II (REA II) application, please confirm that the following items have been completed and/or enclosed. Do not send your application unless all items are enclosed.

\$50 non-refundable application processing fee - check or money order - payable to DTSC/REA II, or completed Authorization For Payment by Credit Card.

Completed application form.

Copies of project communications.

Technical Writing Sample.

If you are not a United States citizen, enclose a copy of your resident alien card.

Send the completed application package and payment to:

Department of Toxic Substances Control  
REA Program - Accounting Unit  
P.O. Box 2978  
Sacramento, California 95812-2978

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE/PRIVACY STATEMENT

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

**Agency Name:**

Department of Toxic Substances Control (DTSC)  
Registered Environmental Assessor (REA) Program

**Title Of Official Responsible For Information Maintenance:**

Adrienne Howze, Chief  
Registered Environmental Assessor (REA) Program

**Contact Information:**

P.O. Box 2978, Sacramento, California 95812-2978  
(916) 324-6881 or [REA\\_Mailbox@dtsc.ca.gov](mailto:REA_Mailbox@dtsc.ca.gov)

**Authority That Authorizes The Maintenance Of The Information:**

Section 25570.3, chapter 6.8, division 3, of the State Health and Safety Code.

**The Consequences Of Not Providing All Or Any Part Of The Requested Information:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**The Principal Purpose(s) For Which The Information Is To Be Used:**

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**Any Known Or Foreseeable Disclosures That May Be Made Of The Information:**

Your completed application becomes the property of the agency and will be used by authorized personnel to determine your eligibility for registration. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code section 6250 et seq.) and the Information Practices Act (Civ. Code section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

**Social Security Number Privacy Statement** (Required for Initial Applications)

Disclosure of your social security is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. section 405(c)(2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state.

Individuals have the right to review their own files or records maintained by the agency, unless the records are exempt under Section 1798.40 of the Information Practices Act. You may gain access to the information by contacting the REA Program at the above address.