California Environmental Protection Agency

Department of Toxic Substances Control

Registered Environmental Assessor I (REA I)

Reinstatement Application

(Inactive More Than 5 Years)

Registered Environmental Assessor Program
P.O. Box 806
Sacramento, CA 95812-0806
(916) 324-6881
www.dtsc.ca.gov/rea/

REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)

REINSTATEMENT APPLICATION INSTRUCTIONS

Before completing this 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 Regulations (California Code of Regulations, Title 14, Chapter 3, sections 19030 - 19043) can be accessed on our website at www.dtsc.ca.gov/rea/, or you may call our office at (916) 324-6881 to obtain copies.

Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application. **The environmental assessing experience that you describe must clearly relate to the management of hazardous substances and/or hazardous waste.** 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 I Reinstatement Application Form, which includes:

1. Application
2. Authorization for Payment by Credit Card
3. Professional Reference Form
   a. If you are downloading this form, you will need to print three copies of the Professional Reference Form and provide envelopes to your references, emphasizing the instructions to seal and sign across the flap before returning the form to the applicant.
4. Three Return Envelopes (The completed reference forms must be returned to you by your references, sealed in these envelopes.) Note: Applicants downloading the application from the Internet will need to provide envelopes to their references, emphasizing the instructions to seal and sign across the flap before returning the form to the applicant.
5. Application Submittal Checklist
6. Information Collection, Access and Disclosure/Privacy Statement

If you are missing any items, please contact the REA Program at (916) 324-6881.

REA I Reinstatement Registration Requirements

The minimum requirements to be registered as an REA I are:

- Five years of full-time employment, acquired within the last eight years, in the applicant's general field of expertise.
- Two years of substantial experience, acquired within the last four years, performing environmental assessments relating to hazardous substances and/or hazardous waste management.
- A bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or law, **Or** five years of substantial experience, acquired within the last eight years, performing environmental assessments relating to hazardous substances and/or hazardous waste management.
- Three references from employers, supervisors, clients, or co-workers at equal or higher level, attesting to the applicant's abilities.

REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)
REINSTATEMENT (INACTIVE MORE THAN 5 YEARS) APPLICATION

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 I.

PREVIOUS NUMBER: REA -

SECTION 1

(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: Zip Code:

Telephone ( ) ext. Fax: ( )

E-mail Address (confidential):

Email address is for REA Program use only. It will not be listed in the REA registry, nor will it be released to other parties.

Social Security Number:

Refer to the attached Information Collection, Access and Disclosure/Privacy Statement. Disclosure of your social security number is mandatory. Your social security number will be used exclusively for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code and compliance with 8 U.S.C. sections 1621, 1641, and 1642.

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

SECTION 2 - POST HIGH SCHOOL EDUCATION: Bachelor's or higher degree from an accredited college or university in a physical or biological science, engineering or law. *(Attach additional sheet if necessary).* ***Attach copies of applicable diplomas. If degree was earned outside the United States, attach equivalency finding.***

Name of Institution	Major	Degree Received	Year Graduated

SECTION 3 - LICENSES/CERTIFICATIONS/REGISTRATIONS: State certification, licensing, registration or certification by a nationally recognized professional association in a physical or biological science, engineering or law. *(Attach additional sheet if necessary)*

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

SECTION 4 - 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 5 – REGISTRY DESIGNATION

Are you an independent environmental consultant or employed by a business which is primarily engaged in providing consulting services to businesses and individuals?	Yes ☐	No ☐
Are you the owner, part owner or sales representative of a business that manufactures or distributes hazardous substance or hazardous waste management technology?	Yes ☐	No ☐

SECTION 6 - EMPLOYMENT HISTORY

Begin with your most recent employment. List each of your **full-time** positions relating to your **general field of expertise**. Include employer's name and dates employed for a minimum **five-year period within the last eight years**. Applicants should only list experience acquired within the last eight years. (Attach additional sheets if necessary).

Employer Name

Position	Supervisor Name/Title	Phone No. ( ) ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

(Month/Year) From _____/_____To _____/_____	Total Months of Qualifying Experience: _____

Employer Name

Position	Supervisor Name/Title	Phone No. ( ) ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

(Month/Year) From _____/_____To _____/_____	Total Months of Qualifying Experience: _____

Employer Name

Position	Supervisor Name/Title	Phone No. ( ) ext.

Employer Mailing Address (Number, Street, City, State, and Zip Code)

(Month/Year) From _____/_____To _____/_____	Total Months of Qualifying Experience: _____

Provide a brief overview of your employment history for a minimum five-year period within the last eight years as it relates to your general field of expertise:

SECTION 7 - ENVIRONMENTAL ASSESSING EXPERIENCE

Describe your environmental assessing experience - **two years substantial experience acquired within the last four years.** If you do not have the required degree, describe **five years substantial experience acquired within the last eight years**. This description should be a **brief overview** of your environmental assessing experience and should emphasize that your experience involves **hazardous substances and/or hazardous waste management**. Include dates (month/year) for the experience described. **Note: This section requires only an overview; in Section 8 you will describe specific projects.**

(Month/Year)

From _____/_____To _____/_____ Total Months of Qualifying Experience: _____

SECTION 8 - AREAS OF EXPERTISE

Describe your specific areas of expertise. Check each area of expertise that applies to you and describe one particular project in which you were involved for **each item checked**. Emphasize your experience with hazardous substances and/or hazardous wastes. **Be specific about the types of hazardous substances and/or hazardous wastes involved**. Include dates (month/year) for the experience described. 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 that you have acquired within **the last eight years.**

Please check the subitems 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 Hazardous Waste Management

PROVIDE ONE DESCRIPTION FOR EACH SUBITEM CHECKED. (ADDITIONAL SPACE IS AVAILABLE ON THE NEXT PAGE.)

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Invoed:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

(Month/Year)

Subitem _____ From_____/_____To _____/_____ Project Name: _____

Brief Description of Project:

Hazardous Substances and/or Hazardous Wastes Involved:

SECTION 9 - REFERENCES

Provide the names of three professional references. For each reference, list his or her full name, place of employment, address and telephone number. Failure to provide current telephone numbers at which your references can be reached may delay the processing of your application. References must be your current or past employers, supervisors, clients, or a professional colleague at an equal or higher level, and must be able to attest to your technical competency, professional integrity/ethics and knowledge of environmental regulations.

Name

Company

Address

City State Zip Code

Telephone No. ( ) ext. Email

Name

Company

Address

City State Zip Code

Telephone No. ( ) ext. Email

Name

Company

Address

City State Zip Code

Telephone No. ( ) ext. Email

Reference Handling Instructions:

This application package should include three Professional Reference Forms and three return envelopes. Applicants downloading the application from the Internet will need to print 3 Professional Reference Forms and provide envelopes.

For each reference, self-address the return envelopes and affix postage. Complete Section A on each Professional Reference Form. Place the self-addressed envelope and the appropriate reference form in another envelope and deliver the reference form and envelope to each of your three references, emphasizing the instructions to seal and sign across the flap before returning the form to you.

Each reference will complete his or her form, seal it in the return envelope, sign on the seal, and send it back to you. Do not open sealed envelopes. You must submit the three sealed envelopes containing reference forms as part of your application.

Note that the envelopes include a line on the seal upon which the reference must sign his or her name. DTSC's REA Program staff will verify that the envelopes remain sealed by the references to protect the confidentiality of the information contained in the reference form. Applications will be rejected if tampering with envelope seals is evident.

SECTION 10 - ACKNOWLEDGMENT (All Applicants Must Sign Below)

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.

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	Executed in the County of

California Environmental Protection Agency
Department of Toxic Substances Control
Registered Environmental Assessor (REA) Program

AUTHORIZATION FOR PAYMENT BY CREDIT CARD

Payment for REA I Application Processing Fee*

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

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

(City) (State) (ZIP Code)

Phone #: ( ) ext.

CHECK APPROPRIATE BOX:

☐ VISA ☐ Master Card ☐ American Express

☐ Discover

3-digit Discover ID no.: _____

Required for Discover charges

(Located on the back of Discover credit card)

Card No.:_____

Expiration Date: _____/_____ **$**_____ **Amount authorized**

Printed Cardholder Name
(First) (M.I.) (Last)

****Cardholder Signature** **Date**

***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 the completed payment authorization form with your completed application to:

Department of Toxic Substances Control
Accounting Unit - Attention Karen Poon
P.O. Box 806
Sacramento, California 95812-0806

Professional Reference Form
Registered Environmental Assessor I

The individual named below is an applicant for registration as a Registered Environmental Assessor I (REA I) by the Department of Toxic Substances Control (DTSC) and has identified you as a professional reference.

To maintain confidentiality, insert the completed reference form in the return envelope provided by the applicant, seal the envelope, sign your name across the seal on the back of the envelope, and return the sealed envelope to the applicant. The applicant will enclose the sealed envelope when submitting his or her application package to DTSC.

Should you have any questions about the application process, please contact the REA staff at (916) 324-6881.

FOR CLARITY, A PRINTED OR TYPEWRITTEN RESPONSE WOULD BE APPRECIATED.

A. The **applicant** must complete the following information before sending this form to the reference:

Name of Applicant: _____

Reference's Name: _____

Title: _____

Company: _____

Reference's Telephone Number: ( ) _____ ext. _____

B. The **reference** must complete the following section. These questions concern the professional capabilities and character of the applicant. Please answer as accurately and candidly as possible. Attach a separate sheet if you need additional space to fully answer any part. Your evaluation will be maintained as confidential information pursuant to the Information Practices Act of 1977.

Professional Reference Form (Cont.)

(Month/Year)

1. Length of time you have been professionally associated with the applicant: _____/_____to _____/_____

2. Your business or professional relationship with the applicant – I am or was the applicant's:

   ☐ Employer ☐ Supervisor ☐ Client

   ☐ Co-worker at equal or higher level

3. Did the applicant make technical decisions and/or recommendations for assessments and/or remedial actions involving hazardous substances or hazardous waste management?

   ☐ Yes ☐ No

4. My appraisal of the applicant's qualifications to objectively conduct one or more aspects of an environmental assessment is:

Factor	Satisfactory	Unsatisfactory	Unable to Rate
Technical Competency	☐	☐	☐
Professional Integrity	☐	☐	☐
Knowledge of Environmental Regulations	☐	☐	☐

Please Print:

Reference Name:	Telephone Number ( ) ext.
Title:	Fax Number ( ) ext.

Company:

Street Address:

City, State and Zip:

REFERENCE SIGNATURE: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Executed: _____Executed in the County of _____

REGISTERED ENVIRONMENTAL ASSESSOR I
(REA I)

REINSTATEMENT APPLICATION SUBMITTAL CHECKLIST

To assure efficient processing of your Registered Environmental Assessor I (REA I) 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 I, or completed Authorization For Payment by Credit Card.
- ☐ Completed application form and any supporting documentation.
- ☐ If you are not a United States citizen, enclose a copy of your resident alien card.
- ☐ Copies of applicable diplomas.
- ☐ **Three completed reference forms** in envelopes sealed and signed by each reference.

Please mail the completed payment authorization form with your completed application to:

Department of Toxic Substances Control
Accounting Unit - Attention Karen Poon
P.O. Box 806
Sacramento, California 95812-0806

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:
Branch Chief
Registered Environmental Assessor Program

Address:
P.O. Box 806, Sacramento, California 95812-0806

Telephone Number:
(916) 324-6881

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
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. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

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.