**CPPU USE ONLY:**

**App #:**

**Doc #:**

**Check #:**

**Program/EI: Licensed Environmental Professional**



**S****tate of Connecticut**

**Licensed Environmental Professional Application**

**For Examination**

***For Use Only by Applicants Reapplying to Take the Exam***

*Please note: This application is to be used only by individuals that are reapplying to take the exam. You must have already completed a comprehensive application and have been approved in writing by the Board of Examiners to be eligible to take the LEP exam. This application and fee payment must be received no later than March 8, 2024.*

**Part I: Applicant Information** Please type unless otherwise noted.

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| **Applicant:** Will the Board receive information about you under a different name? Yes [ ]  No [ ] If the answer is yes, fill in the name here:      Mailing Address:      City/Town:       State:    Zip Code:       -     Phone:     -     -      E-mail address:       |
| **Present Employer:** Business Name:       E-mail address:      Business Address:      City/Town:       State:       Zip Code:       -      Business Phone:       -       -       Ext.       Cell Phone:       -       -      Has any of the information submitted on your original application for the Licensed Environmental Professional Examination changed which may affect your eligibility for entrance to the examination? Yes [ ]  No [ ] If yes, please attach an addendum page and provide detailed explanation.Have you ever been convicted of a felony? Yes [ ]  No [ ] If yes, please attach an addendum page and provide detailed explanation.I hereby apply to take the next scheduled examination, provided that my application is received by the Board 60 days prior to such examination pursuant to 22a-133v-3(a)(2) of the Regulations of Connecticut State Agencies. |

Please submit the examination fee of $235.00 (check or money order), payable to the Department of Energy & Environmental Protection or “CT DEEP”, with the memo space on the check or money order identifying the payment for "LEP Program Exam”. If providing payment by company check, include the licensee's name in the memo space. Please email a copy of the application to DEEP.LEPApplicant@ct.gov **no later than March 8, 2024**. Additionally, the application and non-refundable renewal fee must be mailed to the address listed below and date stamped received **no later than March 8, 2024**:

STATE BOARD OF EXAMINERS OF ENVIRONMENTAL PROFESSIONALS

C/O DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION

CENTRAL PERMITS PROCESSING UNIT

79 ELM STREET

HARTFORD, CT 06106-5127

**Part II: Applicant’s Affidavit**

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| I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based upon a reasonable investigation, the submitted information is true and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense under section 53a-157b of the General Statutes or any other applicable statute. Date *(Signature of Applicant)*STATE OF }ss COUNTY OF } (*Town*)The foregoing was subscribed to and sworn to before me this day of , 20 by . |
| Signature of Notary Public or other officialName of Notary Public or other official My commission expires |  |