



**OPERATOR LICENSING SECTION  
PERMITTING & REGISTRATION SUPPORT DIVISION**

P.O. Box 13088  
Austin, TX 78711-3088  
512-239-6133

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

**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  
the best of my belief and knowledge.  
Print or type name

Signature \_\_\_\_\_ (Blue Ink Please) Date \_\_\_\_\_



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 \_\_\_\_\_  
 \_\_\_\_\_

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:

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Business Integrity  Excellent  Good  Poor  Uncertain

**SECTION IV - ADDITIONAL INFORMATION** (Identify applicable section number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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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- 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.

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**SECTION IV - ADDITIONAL INFORMATION** (Identify applicable section number)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature \_\_\_\_\_  
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Date \_\_\_\_\_