

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



**Registered Environmental Assessor I  
(REA I)**

**Five-Year Renewal Application**

**- OR -**

**Reinstatement  
(Inactive Less Than Five Years)**

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

## \*REA I Five-Year Renewal and Reinstatement Requirements

- 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 substance 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 substance and/or hazardous waste management.

**\*These requirements are cited in California Code of Regulations Title 22 (CCR22) Section 69201, REA I Criteria for Registration.**

## REGISTERED ENVIRONMENTAL ASSESSOR I (REA I)

### APPLICATION INSTRUCTIONS

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 not typed, it **must** be neatly printed in ink. Applications that are not legible will be returned.

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

### APPLICATION PACKAGE CONTENTS

REA I Five Year Renewal - Reinstatement Application Form includes:

1. Application
2. Authorization for Payment by Credit Card
3. Information Collection, Access and Disclosure/Privacy Statement

### APPLICATION SUBMITTAL CHECK LIST

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.

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

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

**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 I (REA I)  
FIVE-YEAR RENEWAL  
- OR -  
REINSTATEMENT (INACTIVE LESS THAN FIVE YEARS)  
APPLICATION FORM**

Information on this form must be typed or neatly printed in ink. "Use 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.

REGISTRATION NUMBER: REA - \_\_\_\_\_

**PLEASE CHECK ONE:**

5 Year Renewal      Reinstatement

**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.

Check box to omit the display of your address on the DTSC's Internet Registry.

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

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

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

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

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

Telephone (      ) \_\_\_\_\_

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

Fax: (      ) \_\_\_\_\_

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

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

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, engineering or law. *(Attach additional sheet 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**

In the past five years have you:

|       |   |     |    |
|-------|---|-----|----|
| (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 dates, location, plea, penalties, and current status.**

**SECTION 4 – BUSINESS BACKGROUND**

|  |     |    |
|--|-----|----|
| 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 5 – EMPLOYMENT HISTORY**

Begin with your most recent employment. List each **full-time** position you have held **within the last five years** that relates to your general field of expertise (attach additional sheets if necessary). In Section 5 you will describe what work you performed and how that qualifies you for REA registration.

|  |                       |  |
|--|-----------------------|--|
| Employer Name  |                       |  |
| Position   | Supervisor Name/Title | Phone No.<br>(    )                    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.<br>(    )                    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.<br>(    )                    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.<br>(    )                    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.<br>(    )                    ext.  |
| Employer Mailing Address (Number, Street, City, State, and Zip Code) |                       |  |
| (Month/Year)   |                       |  |
| From ____ / ____ / ____  | To ____ / ____ / ____ | Total Months of Qualifying Experience: _____ |

**SECTION 6 – SPECIFIC ENVIRONMENTAL ASSESSING EXPERIENCE**

Describe your specific environmental assessing experience. To renew your registration, you must have at least **two years** of substantial experience performing environmental assessment relating to hazardous substances and/or hazardous waste management activities within the **last four years. Be specific as to the hazardous substances or waste involved.** Include dates (month/year) for the experience described (attach additional sheets if necessary). **Note: This section requires only an overview; in Section 7 you will describe specific projects.**

(Month/Year)

From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Total Months of Qualifying Experience: \_\_\_\_\_

**SECTION 7 – AREAS OF EXPERTISE**

Only check each area of expertise that applies to you and describe one particular project in which you were involved for each item checked. Be certain that the experience involves **hazardous substances and/or hazardous wastes**.

**Check only the appropriate expertise fields adjacent to each expertise number.**

- 00 \*Environmental Quality Assessment: pursuant to California Code Regulations Title 22 Section 69200 (d): a systematic investigation of a facility to document all environmental conditions e.g., Preliminary Endangerment Assessment or Phase II.
- 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

**NOTE: \*Areas of Expertise 00, 12, 25, or 27 May Entail The Practice of Geology (See Business and Profession Code Section 7800-7887):** If your work involved soil or ground water sampling or preparation of work plans for soil and ground water sampling, or any other activity entailing the practice of geology, provide your Professional Geologist (PG) or Professional Engineer-Civil (PE) license number **or** the name and license number of the PG or PE Civil who had responsible charge of work.

***Applications without the above information are incomplete and will be returned to the applicant.***

**The supporting descriptions you provide below should fully support your claim of expertise in each area.** In the following fields, describe experience supporting your claim(s) of expertise. Include site names and dates (month/year) for the experience described.

**Provide one description for each Expertise checked. Do not group Expertise numbers on one site.**

**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**.

(Month/Year)

**Expertise #** \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Specific Site Name:** \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

**Brief Description of Project:**

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

Expertise # \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Site Name: \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

Expertise # \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Site Name: \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

Expertise # \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Site Name: \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

Expertise # \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Site Name: \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Expertise #** \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

**Specific Site Name:** \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Expertise #** \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

**Specific Site Name:** \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Expertise #** \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

**Specific Site Name:** \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

(Month/Year)

**Expertise #** \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

**Specific Site Name:** \_\_\_\_\_  
(e.g., "Smith Radiator Shop" or "XYZ Ordnance Company Investigation")

Brief Description of Project:

**Hazardous Substances and/or Hazardous Wastes Involved:**

**SECTION 8 – 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 professional colleagues 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 Address \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 9 – ACKNOWLEDGEMENT (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.

This application is a public record pursuant to the California Public Records Act. If the applicant DVSC 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.





I certify that I have read and understand the REA laws and regulations available for review online at [www.dtsc.ca.gov/REA/lawsandregs.cfm](http://www.dtsc.ca.gov/REA/lawsandregs.cfm).

|                          |                           |
|--------------------------|---------------------------|
| 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\***

|  |   |
|--|---|
| <p><b>Name</b> (First) (M.I.) (Last)</p>                       | <p align="center"><b>CHECK APPROPRIATE BOX:</b></p> <p align="center">  VISA                       Master Card                       American Express             </p> <p>  Discover                      3-digit Discover ID no.: _____<br/>                 Required for Discover charges<br/>                 (Located on the back of Discover credit card)             </p> <p>Card No.: _____</p> <p>Expiration Date: ____/____/____ \$ _____ Amount authorized</p> <p><b>Printed Cardholder Name</b><br/>                 (First) (M.I.) (Last)</p> |
| <p><b>Mailing Address</b> (Number, Street, and Apt./Suite)</p> |   |
| <p>(City) (State) (ZIP Code)</p>                               |   |
| <p>Phone #: ( ) ext.</p>                                       | <p><b>**Cardholder Signature</b> <b>Date</b></p>  |

**\*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  
REA Program - Accounting Unit  
P.O. Box 2978  
Sacramento, California 95812-2978**

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE 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:**

Ardianne Howze, Chief  
Registered Environmental Assessor 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:**

Health and Safety Code section 25570.3, chapter 6.8, division 3.

**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 Disclosure**

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 17520 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.