

**DEPARTMENT OF TOXIC SUBSTANCES CONTROL  
LEAD AGENCY QUESTIONNAIRE FOR APPLICANTS TO  
THE REGISTERED ENVIRONMENTAL ASSESSOR II PROGRAM**

**Name:** \_\_\_\_\_ has applied to the Department of Toxic Substances Control (DTSC) for registration as a Registered Environmental Assessor II (REA II). The Applicant has asked that you provide descriptions of professional activities for consideration by DTSC during the review of the Applicant's application. DTSC appreciates your considered and candid responses to the following questions.

**THIS FORM IS NOT A RECOMMENDATION SUPPORTING THE APPLICANT'S FUTURE WORK, A DECLARATION REGARDING AN APPLICANT'S ACTIVITIES OR ABILITIES OTHER THAN ON PROJECTS FOR WHICH YOU HAVE DIRECT KNOWLEDGE, NOR CONCURRENCE WITH ANY CONCLUSION OR RECOMMENDATION THE APPLICANT MAY HAVE MADE DURING PROJECT ACTIVITIES.**

**Pursuant to Government Code section 6255 this description is confidential and exempt from disclosure under the Public Records Act. Only staff of DTSC and members of the Cal/EPA Qualification Panel will review the information presented in this form.**

To assist in completing this reference questionnaire, the following excerpts from regulation describe the work and minimum qualifications for registration as an REA II:

An REA II issues hazardous substance and hazardous waste site cleanup opinions which describe whether contamination is present at a site, the work needed to reduce the risk from that contamination and whether that work has been completed. These opinions are based upon careful study of a site, including, but not limited to, preliminary endangerment assessments, remedial investigations, feasibility studies, remedial design, remedial actions, corrective action plans, remedial action plans and other work associated with the investigation, assessment and remediation of hazardous waste and hazardous substance release sites.

An REA II is required to have a minimum of eight years of professional-level environmental experience, acquired within the last ten years, of which four years shall be professional-level site mitigation experience acquired in the last six years. Professional-level site mitigation experience consists of positions in which the applicant evaluated and selected scientific or technical methodologies for conducting assessments, containments, or removals at sites; supervised or coordinated other professionals in the conduct of scientific and technical tasks; and drew scientifically supportable technical conclusions, made recommendations, and issued opinions based on the results of assessments, containments, or removals.

DTSC relies upon your descriptions to confirm the Applicant's qualifications to perform investigation, assessment, and remediation of hazardous waste sites in California. For additional information regarding the REA II registration, please consult the REA website at: [www.DTSC.ca.gov/real/](http://www.DTSC.ca.gov/real/), telephone our office at (916) 324-6881, or email us at [REA\\_Mailbox@dtsc.ca.gov](mailto:REA_Mailbox@dtsc.ca.gov).

**Reference Handling Instructions:**

This application package should include four Reference Questionnaire Forms. One from a Lead Agency and three Professional reference forms. **The applicant will need to print one Lead Agency and three Professional Reference Forms from our website and provide envelopes.**

For each reference questionnaire, self-address the return envelopes and affix postage. Complete each Section of the 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 four 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 a return envelope, sign on the seal and send it back to the applicant. Do not open sealed envelopes. You must submit the four sealed envelopes containing reference forms as part of your application.**

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.

**REA II LEAD AGENCY QUESTIONNAIRE**

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1. Do you have direct knowledge of the Applicant's activities and are you capable of providing an informed and objective description of the professional environmental and site mitigation work of this Applicant? Yes\_\_\_\_\_ No\_\_\_\_\_ (If "No", please explain.)

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2. What is your business and/or professional relationship with the Applicant?

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3. You have been designated by the Applicant as a Lead Agency Representative with direct knowledge of the Applicant's professional level site mitigation experience. Please indicate the time period of your association with the Applicant:

<b>Association</b>	<b>Time Period From (MM/YY - MM/YY)</b>
<b>Lead Agency Representative</b>	
<b>Supervisor</b>	
<b>Colleague</b>	
<b>Client</b>	
<b>Professor</b>	
<b>Other (Describe below)</b>	

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4. Do you know of any reason why this Applicant should not be considered for registration (e.g. license suspension, disbarment, criminal or civil investigation of environmental activities, etc.)? Yes\_\_\_\_\_ No\_\_\_\_\_ (If "Yes", please explain.)

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5. Are you related to the Applicant by birth or marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No (If "Yes", please skip to the end, sign and return this questionnaire.)

**REA II LEAD AGENCY QUESTIONNAIRE**

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6. Do you have any knowledge of any information that would bring into question the Applicant's professional competence, professional maturity or history of ethical practice that DTSC should consider before making a decision regarding registration of this Applicant (e.g. lack of academic degree or experience, health and safety violations during project activities, failure to follow regulatory requirements or lead agency directives, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If "Yes", please explain.)

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7. In the following spaces, please fully describe the Applicant's professional level site mitigation experience (functions and activities) for each project position held during the time periods for which you have direct, personal knowledge.

a. Applicant's Position

b. Time Period

c. The extent to which the Applicant's work involved the investigation, assessment, containment, removal or remedial activities at petroleum and hazardous waste sites.

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d. The responsibilities and authority exercised by the Applicant during the project(s).

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e. Did the Applicant's responsibilities change over time? If so, how and when did they change, and at what points in time did these changes occur?

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**REA II LEAD AGENCY QUESTIONNAIRE**

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- f. Did the Applicant make technical decisions and recommendations for assessments, investigations, containments, removals or remediation involving hazardous wastes or petroleum wastes? \_\_\_\_\_ Yes \_\_\_\_\_ No (If 'Yes" please describe the types of decisions made by the Applicant)

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- g. Describe the limits of the Applicant's decision-making responsibilities.

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- h. Did the Applicant's decision-making responsibilities change over time? If so, how and at what points in time did these changes occur?

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- i. What role did the Applicant have in the selection of methodologies for investigations, assessments and remedial actions involving hazardous wastes and substances?

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- j. What role did the Applicant have in directing the activities of other project staff during the investigation, assessment and remedial action? Please list other staff directed or supervised by the Applicant, if any for which you have knowledge.

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**REA II LEAD AGENCY QUESTIONNAIRE**

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8. Was the Applicant placed in responsible charge of the investigation, assessment, containment and remediation of hazardous waste and hazardous substance release sites?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If "Yes", please explain.)

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I certify that these statements regarding the Applicant's activities are accurate to the best of my knowledge.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Are you an REA II? \_\_\_\_\_ Yes \_\_\_\_\_ No Number: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Division: \_\_\_\_\_

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

\_\_\_\_\_

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

Country: \_\_\_\_\_ Phone: \_\_\_\_\_