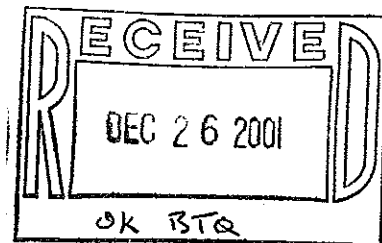




COMMONWEALTH OF MASSACHUSETTS
 Board of Registration
 of
 Hazardous Waste Site Cleanup Professionals
 ONE WINTER STREET, 10th Floor
 BOSTON, MA 02108



APPLICATION TO RENEW LSP LICENSE

Please print or type your name and the address (home or office) that you wish the Board to use for all official correspondence to you. This will also be the address listed for you on the official List of LSPs that is distributed to the public and posted on the Board's Web site.

Name: RICHARD J. CUSHING LSP License No. 3063
 Address: CUSHING & JAMMALO, INC Daytime Phone No. (978) 774 7224
85 CONSTITUTION LANE SUITE 301 Home Phone No. (781) 944 1884
 City: DANVERS State: MA Zip Code: 01923

Social Security No. _____

Pursuant to M.G.L. c. 62, § 47A, the LSP Board is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use it to ascertain whether you are in compliance with the tax laws of the Commonwealth.

I wish to renew my LSP license for the next 3 years.

Required:

- I have enclosed a check or money order in the amount of \$100 in payment of my renewal fee.
- I have enclosed the top portion (stub) of my Renewal Notice Fee Invoice.
- I have enclosed my Continuing Education Course Summary Form.
- I have enclosed copies (not originals) of my continuing Education Attendance Certification Forms.

Optional:

- I need 12 or fewer additional continuing education credits to renew my license and request a 90-day extension of my license expiration date to obtain these credits.

Required Attestation

I certify, under the pains and penalties of perjury, that the information I have provided with and pursuant to this application for the renewal of my LSP license is truthful and accurate. I understand that failure to provide accurate information may be grounds for the LSP Board to deny my renewal application or suspend or revoke my license. I further attest, under the pains and penalties of perjury, that pursuant to M.G.L. c. 62C, § 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Richard J. Cushing
 (signature)

12-19-01
 (date)



COMMONWEALTH OF MASSACHUSETTS
Board of Registration
of
Hazardous Waste Site Cleanup Professionals

JUN 4

Continuing Education Dept.: (617) 292-5501 FAX: (617) 292-5872

[DEP COURSE]

CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORM

This Form is for use by each LSP seeking "DEP Course" credit towards fulfilling his/her continuing education requirements under 309 CMR 3.09. Please note that, once executed, this form is to be retained by the LSP and submitted as part of the license renewal process.

Part 1. [to be filled out by LSP staff]

- A. LSP Course Number: 1190
- B. Course Name: The MCP Audit - A Case Study Approach
- C. Course Provider: DEP
- D. Maximum LSP Credits allowed: DEP Course -2-; Regulatory -2-; Other
- E. Length of full course: -2- hours.

Part 2. [To be filled in by DEP or Course Provider]

- A. LSP's Name: RICHARD CUSHING
- B. Date(s) attended: 12/13/2001
- C. Total number of hours attended: 2
- D. Percentage of full course attended: 100 %
- E. LSP Credits earned: DEP Course X; Regulatory ; Other

To: The Massachusetts Board of Registration of Hazardous Waste Site Cleanup Professionals
(a/k/a the LSP Board)

COURSE PROVIDER REPRESENTATIVE CERTIFICATION

Under the pains and penalties of perjury, I hereby certify (i) that the person named above attended this course on the date(s) and for the number of hours indicated in Part 2 above, thereby earning the credits shown on line 2.E; and (ii) that attendance records for this course were kept and will be maintained for a period of at least 3 years. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment.

LSPA/DEP

(Print) Name of course provider representative

(Signature)

Date: 12/13/2001

Phone No. 617/305-4105

Under pains and penalties of perjury, I hereby certify that I attended the above-named course on the date(s) and for the hours indicated above. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment and may result in the loss of my license.

DATE 12/13/01

Signature of LSP Richard Cushing

License No. 3063



COMMONWEALTH OF MASSACHUSETTS
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Continuing Education Dept.: (617) 292-5501 FAX: (617) 292-5872

[DEP COURSE]

CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORM

This Form is for use by each LSP seeking "DEP Course" credit towards fulfilling his/her continuing education requirements under 309 CMR 3.09. *Please note that, once executed, this form is to be retained by the LSP and submitted as part of the license renewal process.*

Part 1. [to be filled out by LSP staff]

- A. LSP Course Number: 1193
- B. Course Name: Addressing Indoor Air Contamination: Measurements and Models
- C. Course Provider: MADEP
- D. Maximum LSP Credits allowed: DEP Course 6; Regulatory 6; Other
- E. Length of full course: 6 hours.

Part 2. [To be filled in by DEP or Course Provider]

- A. LSP's Name: RICHARD CUSHING
- B. Date(s) attended: 11/20/2001
- C. Total number of hours attended: 6
- D. Percentage of full course attended: 100%
- E. LSP Credits earned: DEP Course x; Regulatory x; Other

To: The Massachusetts Board of Registration of Hazardous Waste Site Cleanup Professionals
(a/k/a the LSP Board)

COURSE PROVIDER REPRESENTATIVE CERTIFICATION

Under the pains and penalties of perjury, I hereby certify (i) that the person named above attended this course on the date(s) and for the number of hours indicated in Part 2 above, thereby earning the credits shown on line 2.E; and (ii) that attendance records for this course were kept and will be maintained for a period of at least 3 years. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment.

LSPA/DEP
(Print) Name of course provider representative

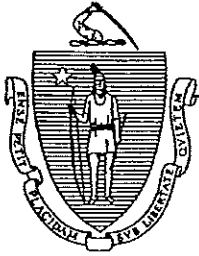
(Signature)

Date: 11/20/2001

Phone No. 617/305-4105

Under pains and penalties of perjury, I hereby certify that I attended the above-named course on the date(s) and for the hours indicated above. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment and may result in the loss of my license.

DATE 11/20/01 Signature of LSP Richard J. Cushing License No. 3063



COMMONWEALTH OF MASSACHUSETTS
Board of Registration
of
Hazardous Waste Site Cleanup Professionals

Continuing Education Dept.: (617) 292-5501 FAX: (617) 292-5872

[STANDARD COURSE]

CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORM

This Form is for use by each LSP seeking credit towards fulfilling his/her continuing education requirements under 309 CMR 3.09. *Please note that, once executed, this form is to be retained by the LSP and submitted as part of the license renewal process.*

Part 1. [to be filled out by LSP Board staff]

- A. LSP Course Number: 1169
- B. Course Name: Assessment and Management of MTBE-Impacted Sites
- C. Course Provider: LSP Association
- D. Maximum LSP Credits allowed: Regulatory _____; Other *16*
- E. Length of full course: 16 hours

Part 2. [To be filled in by Course Provider]

- A. LSP's Name: RICHARD CUSHING
- B. Date(s) attended: 9-11-01 / 9-12-01
- C. Total number of hours attended: 16
- D. Percentage of full course attended: 100 %
- E. LSP Credits earned: 16

To: The Massachusetts Board of Registration of Hazardous Waste Site Cleanup Professionals
(a/k/a the LSP Board)

COURSE PROVIDER REPRESENTATIVE CERTIFICATION

Under the pains and penalties of perjury, I hereby certify (i) that the person named above attended this course on the date(s) and for the number of hours indicated in Part 2 above, thereby earning the credits shown on line 2.E; and (ii) that attendance records for this course were kept and will be maintained for a period of at least 3 years. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment.

<u>Ralph P. Penney</u>	<u>Ralph P. Penney</u>
(Print) Name of course provider representative	(Signature)
Date: <u>9/12/01</u>	Phone No. _____

Under pains and penalties of perjury, I hereby certify that I attended the above-named course on the date(s) and for the hours indicated above. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment and may result in the loss of my license.

DATE 9/14/01 Signature of LSP Richard Cushing License No. 3063

MAR 03 2001



COMMONWEALTH OF MASSACHUSETTS
Board of Registration
of
Hazardous Waste Site Cleanup Professionals

Continuing Education Dept.: (617) 292-5501 FAX: (617) 292-5872

[STANDARD COURSE]

CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORM

This Form is for use by each LSP seeking credit towards fulfilling his/her continuing education requirements under 309 CMR 3.09. Please note that, once executed, this form is to be retained by the LSP and submitted as part of the license renewal process.

Part 1. [to be filled out by LSP staff]

- A. LSP Course Number: 1180
- B. Course Name: Quantitative Hydrogeology
- C. Course Provider: LSPA
- D. Maximum LSP Credits allowed: Regulatory _____; Other 8
- E. Length of full course: 8 hours

Part 2. [To be filled in by Course Provider]

- A. LSP's Name: RICHARD CUSHING
- B. Date(s) attended: 4/3/01
- C. Total number of hours attended: 8
- D. Percentage of full course attended: 100 %
- E. LSP Credits earned: 8

To: The Massachusetts Board of Registration of Hazardous Waste Site Cleanup Professionals
(a/k/a the LSP Board)

COURSE PROVIDER REPRESENTATIVE CERTIFICATION

Under the pains and penalties of perjury, I hereby certify (i) that the person named above attended this course on the date(s) and for the number of hours indicated in Part 2 above, thereby earning the credits shown on line 2.E; and (ii) that attendance records for this course were kept and will be maintained for a period of at least 3 years. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment.

Ellen R. Thibodeau - LSPA (Print) Name of course provider representative
Ellen R. Thibodeau (Signature)

Date: 4-3-01 Phone No. _____

Under pains and penalties of perjury, I hereby certify that I attended the above-named course on the date(s) and for the hours indicated above. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment and may result in the loss of my license.

DATE 4/3/01 Signature of LSP Richard J. Cushing License No. 3063



Commonwealth of Massachusetts
 Board of Registration
 of
 Hazardous Waste Site Cleanup Professionals

CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORM

This Form is for use by each LSP seeking credit towards fulfilling his/her continuing education requirements under 309 CMR 3.11. *Please note that, once executed, this form is to be retained by the LSP and submitted as part of the license renewal process.*

To: The Massachusetts Board of Registration of Hazardous Waste Site Cleanup Professionals
 a/k/a LSP Board

COURSE PROVIDER REPRESENTATIVE CERTIFICATION

Under the pains and penalties of perjury, I hereby certify (i) that the person named below attended this course on the dates indicated, for a total of ___ hours in class, and (ii) that attendance records for this course were kept and will be maintained for a period of at least 3 years. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment.

LSPA/ DEP
 (Print) Name of course provider representative

Susan Fessenden
 (Signature)

Date: 11/15/99

Phone No. 617-227-5551

1. A. COURSE NAME: 1999 Massachusetts Contingency Plan Revisions & Case Studies
 B. LSP COURSE NUMBER: 1158
 C. COURSE PROVIDER: DEP/LSPA
2. TYPE OF CONTINUING EDUCATION CREDIT:
 A. CORE CURRICULUM/BOARD ENDORSED: Yes No ___
 B. REGULATORY *8* TECHNICAL OR BOTH ___ (Allocate Hours)
3. DATES AND TIMES ATTENDED: 11/15/99 8AM-5PM
4. LSP NAME: RICHARD CUSHING LICENSE NO.: 3063

Under pains and penalties of perjury, I hereby certify that I attended the above-named course on the dates and times indicated above. I understand that making a materially false or inaccurate statement to the LSP Board is punishable by a fine and/or imprisonment and may result in the loss of my license.

DATE: 11/15/99

Richard Cushing
 Signature of LSP