



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

APPLICATION TO RENEW LSP LICENSE

Name: _____

LSP License No.: _____

[] Please fill out the **LSP Address Form** on the reverse side of this Application, instructing the Board (a) what contact information to list for you on the Board’s “*Searchable LSP List*” on the LSP Board’s website (<http://mass.gov/lsp>) and (b) what contact information the LSP Board should use when contacting you by phone or e-mail and when sending mail to you (e.g., Annual Fee invoices, License Renewal information, and Disciplinary Complaints).

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

Required Enclosures: Please return this Application along with the following required enclosures.

- I have mailed a check or money order in the amount of \$100 in payment of my renewal fee to the Lockbox.**
- 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 Request for 90-day Extension:

- 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 Disclosure:

Since your LSP license was issued or last renewed, whichever occurred most recently, have you been disciplined, surrendered a license to avoid discipline, or otherwise been disqualified by another professional licensing or professional certifying authority? Yes No If you answer “Yes,” explain the circumstances on a separate page.

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 complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

(signature)

(date)

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LSP Address Form

LSP Number	
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Name	First:	M.I.	Last:	Suffix:
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I. Your Contact Information for Board’s Website:

Please provide your current address, phone number, and e-mail address for the “*Searchable LSP List*” on the LSP Board’s website (<http://mass.gov/lsp>).

Company name (if used)					
Street 1					
Street 2					
City/Town		State		Zip	-
Business Tel.	()	-			
E-mail address					

II. Your Contact Information for Use by the Board’s Staff:

Option A: If you check here, the Board’s staff will use the contact information listed above when contacting you by phone or e-mail and when mailing your official Board correspondence (e.g., Annual Fee invoices, License Renewal information, and Disciplinary Complaints).

Option B: If you wish to have the Board’s staff contact you at a different phone number or e-mail address, or send your official Board correspondence to a different address (i.e., other than listed above), please provide that different contact information below. This information will not be listed publicly on the Board’s website.

Company name (if used)					
Street 1					
Street 2					
City/Town		State		Zip	-
Tel.	()	-			
E-mail address					

In the Future, Notify Us of Any Changes in Your Contact Information!

Keeping all this contact information accurate and up to date for each LSP will be impossible unless you notify the LSP Board **each time** any of your contact information changes. We will continue to collect this information from you every three years as part of the license renewal process. But **you have the responsibility** to notify us whenever any of your contact information changes. The easiest way to do this is to send the Board an e-mail (LSP.Board@state.ma.us), so long as your last name appears in the Sender’s e-mail address. Otherwise, you may fax or mail your new contact information, so long as your change request is signed and dated. For your convenience, you may send us your changes using the “LSP Address Form” posted on the Board’s website. But contact information changes need not be submitted on a form. Be sure to identify whether a change pertains to your “website” information or your “mailing” information.

If you have any questions about what contact information the Board has on file for you, you may contact the LSP Board at 617-556-1091.