

REC # _____ Company _____

**REGISTERED ENVIRONMENTAL CONSULTANT (REC)
REQUEST FOR RENEWAL**

REC INFORMATION

I. REC's Name: *Legal Firm Name.* _____

II. REC's Legal Mailing Address: *The Branch will use the address you provide here for all correspondence.*

Principal Contact: _____

Office Street Address: _____

Mailing Address: _____

_____ (City/Town) _____ (State/Province)

_____ (ZIP or postal code) _____ (Country, if other than USA)

III. Principal Contact's Telephone Number & E-mail Address:

Daytime Phone # (_ _) _ _ - _ _ _ _ E-mail address _____

IV. List all Approved Registered Site Managers (RSMs):

<u>Name</u>	<u>E-mail</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. Proof of Nature of Business:

A. Please provide: (1) an organizational chart of all of your environmental consulting staff (including the approved RSMs), including job titles, for each office in which an approved RSM is situated; and (2) an organizational chart for the firm as a whole, showing each division and office in its structure.

B. Briefly state your company's core business.

C. Is your company a corporation?
If yes, has your company's Articles of Incorporation been filed, or has your company been registered to do business in North Carolina, with the North Carolina Secretary of State's Office?

(Please Note: If the organizational structure and/or the nature of your company's core business have changed substantially since receiving REC approval, the Branch may require you to complete and submit a full REC Eligibility Application.)

VI. Sworn Certification of Applicant (must be an owner, partner, or corporate officer):

I certify under penalty of law that, to the best of my knowledge and belief, the information provided on this application for renewal is true and accurate and that I have read and am familiar with the Inactive Hazardous Sites Response Act (N.C.G.S. 130A-310) and the regulations adopted under 15A NCAC 13C .0300. I also certify that I am authorized to legally bind the Applicant in regards to this Request for Renewal form.

Signature

Date

Name

Title (Specify official corporate title, owner, or partner

Mailing Address

City, State, Zip Code

(State in which signature is witnessed)

_____ COUNTY

I, _____, a Notary Public of said County and State, do hereby certify that _____ did personally appear and sign before me this the _____ day of _____, _____.

Notary Public (signature)

My commission expires _____, _____.

(OFFICIAL SEAL)