

REM® APPLICANT ENDORSEMENT FORM

Please type or legibly print all information in black or blue ink, and attach to a copy of the Candidate Experience Documentation.



Please sign and mail this form to:

National Registry of Environmental Professionals
Director of Operations
P.O. Box 2099, Glenview, IL 60025
Phone: (847) 724- 6631, fax: (847) 724-4223

REM Candidate Information:

Last Name/Surname: _____

First Name/Given _____ Middle Initial: _____

Endorser's Information :

Last Name/Surname: _____

First Name/Given _____ Middle Initial: _____

Mailing Address: _____
street address

_____, _____, _____, _____
City State/Province Country Zip/postal Code

Email Address: _____

Phone: _____ Fax: _____

Endorsement:

I, _____, hereby state that I am (select all that apply)

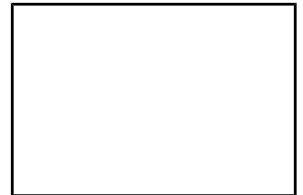
A REM (or other NREP Certificant), XXX, XXX in good standing (circle all that apply)
Certification # or #s _____, _____, _____

Licensed as a _____

License # _____ Licensing Body: _____

- Commissioned as a _____
Commission # _____ Commissioning Body: _____
- Certified as a _____
Certification # _____ Certification Body: _____
- An officer of the Candidate's Employer. Position/Title: _____

and am knowledgeable of, and in good standing within, the Environmental Management profession. I hereby affirm that I personally know, or have researched and reviewed to the best of my ability, the work history and experience, reputation, and criminal history of the above-referenced candidate and find that s/he meets the requirement of a Registered Environmental Manager as prescribed by the NREP. In support of my findings, I have attached a copy of the candidate's statement of experience as presented to me by the candidate. Based upon my findings, I hereby endorse the above referenced candidate for consideration as a Registered Environmental Manager (REM®).



Submitted this _____ day of _____, 200____.

Endorsers' Signature: _____

Affix Seal if indicated

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