



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES
CERTIFIED SOIL PROFILER APPLICATION

Please complete all of the information requested.

GENERAL INFORMATION

First Name M.I. Last Name
Profession: RPES or RPS- Reg. No. PE-Reg. No. RLS-Reg. No. Soil Scientist*
Home Mailing Address
City State Zip County
Home Phone Cell Phone Date of Birth

PROFESSIONAL LICENSING COMPLIANCE REVIEW

Social Security Number (optional*)

*Pursuant to OAC 710:95-9-3(a), DEQ must provide to the Oklahoma Tax Commission ("OTC") a list of all its licensees along with their social security numbers and other identifying information that may be required by OTC. If you choose to not provide DEQ with your social security number, it will be your responsibility to obtain and provide DEQ with documentation of your compliance with Oklahoma Income Tax laws prior to being eligible for renewal next year.

BUSINESS INFORMATION

Please complete this section even if this information is the same as the General Information.

Check this box to give DEQ permission to publish your business information to the general public.

Business Name
Mailing Address
City State Zip
Business Phone Fax Number
E-Mail Address

CERTIFICATION AND EXAMINATION FEES

Please check the applicable fees, total the amount owed and select a form of payment below. If you choose Visa or MasterCard or a purchase order as the form of payment, you may fax this request to (405) 702-6223. Otherwise, mail this request and your check or money order made payable to DEQ at the address below.

Form containing fee table (Annual Certification Fee, Examination Fee, Reinstatement Fee, TOTAL), payment options (Check, Money Order, Visa or MasterCard), and mailing address for DEQ.

OTHER REQUIRED INFORMATION

Training Location Date of Training
Please attach or mail the below documentation. (Your application will become void if you fail to meet all requirements within 180 days)
10,000.00 Bond OR Affidavit (Tribal or Govt. only)

Statement of Understanding: I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

Signature of Applicant Date