

MAINE LICENSED SITE EVALUATOR ~ APPLICATION ~

Applicant Information

Applicant's name: _____ Birth date: ___/___/___

Mailing address: _____

City/Town: _____ State _____ Zip _____

Email address: _____

Business Phone: _____ Fax #: _____

Cell Phone: _____ Home phone: _____

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## Education

High school attended/graduated: \_\_\_\_\_

University/college attended /graduated \_\_\_\_\_

Graduation date \_\_\_/\_\_\_/\_\_\_, Major: \_\_\_\_\_, BS/BA \_\_\_\_\_

*\*(Post-Secondary Education: If graduated, please, include unofficial copy of transcripts.)*

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Post Graduate Degree(s)

University/college: _____ Major: _____ MS/MA/PHD

List other completed courses that pertain to site evaluation and/or system design:

Course Title	Completion Date	Grade	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**List (3) personal references:** one reference must be a Maine licensed Site Evaluator

1. (Site Evaluator w/ lic. no.) \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*\*(Include a separate Reference Form per reference to be completed by each reference; signed, and dated)*

**Application (con't)**

**Professional Experience**

|                                              |
|----------------------------------------------|
| From ____ / ____ / ____ - PRESENT            |
| Employer _____                               |
| Employer's address _____                     |
| Supervisor _____                             |
| Job Title and Work Description: _____        |
| _____                                        |
| _____                                        |
| From ____ / ____ / ____ - ____ / ____ / ____ |
| Employer _____                               |
| Employer's address _____                     |
| Supervisor _____                             |
| Job Title and Work Description: _____        |
| _____                                        |
| _____                                        |
| From ____ / ____ / ____ - ____ / ____ / ____ |
| Employer _____                               |
| Employer's address _____                     |
| Supervisor _____                             |
| Job Title and Work Description: _____        |
| _____                                        |
| _____                                        |

**Please include \$25.00 application fee and make checks payable to:      Treasurer, State of Maine**

**Mail application and references to:      Division of Environmental & Community Health  
Drinking Water Program  
SHS #11, 286 Water Street, 3<sup>rd</sup> Floor  
Augusta, ME 04333  
Attn: Tina Lemieux**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_