

Send completed application with applicable fee and any attachments to:  
**IECA (Australasia)**  
**PO Box 33**  
**Picton NSW 2571**



*Application for:*

**Certified Professional in Erosion and Sediment Control™**

**General Information**

Read instructions and eligibility requirements **before** completing application.

Type or print clearly in dark ink.

- 1. Certification you are applying for:     CPESC         CPESC Associate
- 2. Name (*Last, First, Middle*) \_\_\_\_\_
- 3. Date of Birth \_\_\_\_\_
- 4. Mailing Address \_\_\_\_\_
- 5. Mailing Address (contd.) \_\_\_\_\_
- 6. City, State, Post Code \_\_\_\_\_
- 7. Country \_\_\_\_\_
- 8. Office Phone (*include extension*) \_\_\_\_\_
- 9. Fax Number \_\_\_\_\_
- 10. Home Phone \_\_\_\_\_
- 11. Email Address \_\_\_\_\_

**Application Fee**

Select the appropriate application fee.

- \$500 for members of IECA
- \$545 for all others

When you upload your completed application you will be directed to the payment gateway. To receive the IECA Members discount you must be logged in to your IECA Aust. profile.

**Signature, Certification, and Release**

YOU MUST SIGN THIS APPLICATION!

**Read the following carefully before you sign :**

A **false statement** on any part of this application may be grounds for denying you certification, or revoking your certification after you have been certified.

**I understand** that any information I give may be verified by IECA (Australasia) and CPESC Inc.

**I consent** to the release of information about my skills, abilities, professional ethics, and work records by current and former employers, schools, and references.

**I certify** that I have read and fully subscribe to the CPESC Code of Ethics.

**I certify** that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential.

**Sign Here:**

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

# Background Info, Special Needs, Education and Accreditations.

## Background Information

You **must** answer each question in this section.

If you answer **YES** to any question, explain using a separate sheet of paper. Include the item number and date.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 12. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of a specific problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been convicted of, or forfeited collateral for any criminal conviction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you now under charges for any violation of law? <i>Do not include traffic violations.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. During the last 10 years, have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? <i>Do not include violations reported on item 13 above.</i>      | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been convicted by a military court-martial? <i>If no military service, answer "NO."</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been denied a professional certification or license? <i>If no certifications or licenses, answer "NO."</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a professional certification or license revoked or suspended? <i>If no certifications or licenses, answer "NO."</i>  | <input type="checkbox"/> | <input type="checkbox"/> |

## Special Needs

**Special needs for testing:** Do you have a disability/handicap that would require special needs? If so, attach a sheet explaining what assistance is necessary.

## Education and Training

A high school certificate equivalency is **required** for certification.

You **must** provide **transcripts** for any college education listed in this section.

"Unofficial" or "Student" copies of transcripts are acceptable.

If you have a degree, your transcripts **must** show when it was awarded.

19. Tertiary Education (if none, leave blank)...
- Name and location of institution? (include city, state, and country)  
\_\_\_\_\_
  - Type of degree? \_\_\_\_\_
  - Month/year degree awarded or expected graduation date? \_\_\_\_\_
  - Dates of attendance? \_\_\_\_\_
  - List any additional schools on a separate sheet of paper. Include school name and location, type of degree, degree award date (or expected award date), and attendance dates.
20. List any training related to erosion and sediment control. If you need more space, use a separate sheet of paper. Include the item number.

Name of Course	Date(s)	Hours	Sponsor	City	State/Province

## Accreditations

If you need more space, use a separate sheet of paper and include the item number.

21. List any professional certifications or licenses that you currently have.

License or Certification	Date of License or Certification	Certification or Licensing Agency	Expiration Date
a)			
b)			
c)			

# Professional Experience Profile

## Profile

### Instructions

Make copies of this sheet as needed.

Complete a Professional Experience Profile for EACH job (employment position) that you wish to report erosion and sediment control experiences. If you were unemployed or employed in a non-industry related position for longer than three (3) months in the last ten (10) years, please list the dates and addresses and other contact information on a separate Professional Experience Profile sheet. You may sum up on one sheet work that you did more than ten (10) years ago as long as the work is similar in nature and function.

## Employer Information

22. Company Name \_\_\_\_\_
23. Employment Dates (include from and to dates) \_\_\_\_\_
24. Mailing Address \_\_\_\_\_
25. Mailing Address (contd.) \_\_\_\_\_
26. City, State, Post Code \_\_\_\_\_
27. Country \_\_\_\_\_
28. Office Phone (include extension) \_\_\_\_\_
29. Email Address \_\_\_\_\_
30. Company Web Page \_\_\_\_\_
31. Approximate number of hours worked per week \_\_\_\_\_

## Immediate Supervisor

32. Provide contact information for someone who can verify your erosion and sediment control experiences.

Name	Phone Number	Email

## Position Description

33. What is the primary line of business for the company?  
\_\_\_\_\_
34. What position(s) did/do you hold?  
\_\_\_\_\_
35. What was/is your working title(s) or role(s)?  
\_\_\_\_\_
36. What were/are your primary responsibilities?  
\_\_\_\_\_

## Erosion and Sediment Control Experiences

37. Using the tables below, rate your skills, abilities, and knowledge while performing this job as H, M, or L. Where: **H** = High level of skill/ability/knowledge—able to perform independently and instruct/train others  
**M** = Medium level of skill/ability/knowledge—able to perform independently  
**L** = Low level of skill/ability/knowledge—able to perform only under supervision by qualified professional

You **must** account for 100% of your time. (NOTE: The total of all three columns combined should add up to no more than 100%.)

For each item that you rate, mark the percentage of time that you spent performing that item.

### NOTE:

Show any erosion and sediment control experiences NOT covered in the table on a separate sheet of paper. Include the skill/ability/knowledge level and the percentage of time information.

Skill/Ability/Knowledge	H,M,L	%
<b>BMPS — STRUCTURAL ...</b>		
Development/Design		
Layout/Installation		
Review/Inspection		
Approval		
<b>BMPS — NON-STRUCTURAL ...</b>		
Development/Design		
Layout/Installation		
Review/Inspection		
Approval		
Soil Survey/Mapping		
Soil Evaluations/ Interpretations		
Site/Environmental Analysis		
Irrigation Water Management/Design		
Site Drainage Management/Design		

Skill/Ability/Knowledge	H,M,L	%
<b>EROSION &amp; SEDIMENT CONTROL PLAN ...</b>		
Development		
Review		
Approval		
Construction Documentation Preparation		
Construction Detailing		
<b>ENVIRONMENTAL REGULATION/PERMITS ...</b>		
Development		
Review		
Approval		
Environmental Assessments/ Impact Statements		
Soil Amendment Analysis/ Recommendations		
Hydraulic Modelling		
Hydrologic Modelling		
Land Resource Planning/Analysis		

Skill/Ability/Knowledge	H,M,L	%
Pollutant Transport Analysis		
Resource Inventory/Map Preparation/Digitations		
Stream Restoration		
Channel Stabilization		
Sediment Transport Analysis		
Non-Point Source/Water Quality Assessment		
Watershed/Area-Wide Planning		
Client/Contractor/Designer Team Coordination		
Project Management/ Oversight		
Non-Erosion and Sediment Control Related Experiences		

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36. What were/are your primary responsibilities?  
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#### NOTE:

Show any erosion and sediment control experiences NOT covered in the table on a separate sheet of paper. Include the skill/ability/knowledge level and the percentage of time information.

Skill/Ability/Knowledge	H,M,L	%	Skill/Ability/Knowledge	H,M,L	%	Skill/Ability/Knowledge	H,M,L	%
BMPS — STRUCTURAL ...			EROSION & SEDIMENT CONTROL PLAN ...			Pollutant Transport Analysis		
Development/Design			Development			Resource Inventory/Map Preparation/Digitations		
Layout/Installation			Review			Stream Restoration		
Review/Inspection			Approval			Channel Stabilization		
Approval			Construction Documentation Preparation			Sediment Transport Analysis		
BMPS — NON-STRUCTURAL ...			Construction Detailing			Non-Point Source/Water Quality Assessment		
Development/Design			ENVIRONMENTAL REGULATION/PERMITS ...			Watershed/Area-Wide Planning		
Layout/Installation			Development			Client/Contractor/Designer Team Coordination		
Review/Inspection			Review			Project Management/Oversight		
Approval			Approval			Non-Erosion and Sediment Control Related Experiences		
Soil Survey/Mapping			Environmental Assessments/Impact Statements					
Soil Evaluations/Interpretations			Soil Amendment Analysis/Recommendations					
Site/Environmental Analysis			Hydraulic Modelling					
Irrigation Water Management/Design			Hydrologic Modelling					
Site Drainage Management/Design			Land Resource Planning/Analysis					

# Referees

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## Referee Instructions

You must supply the names and contact information of four (4) individuals who are qualified to comment on your erosion and sediment control experiences. Only two (2) can be from your immediate work group.

Please make sure that at least one of your referees chosen is able to comment on work undertaken 3 or more years ago.

**Please let these individuals know that you are using them as a referee for CPESC certification and that they may be contacted.**

Your application will be delayed if we contact a referee and they are unwilling or unable to provide information related to your experiences and/or your ethics.

It is recommended, where possible, that at least one of your referees be a Certified Professional in Erosion and Sediment Control

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## Referee Contact Information

Name \_\_\_\_\_ [ ] CPESC  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Post \_\_\_\_\_  
Country \_\_\_\_\_ Employer \_\_\_\_\_  
Mobile Ph \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ [ ] CPESC  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Post \_\_\_\_\_  
Country \_\_\_\_\_ Employer \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ [ ] CPESC  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_  
Country \_\_\_\_\_ Employer \_\_\_\_\_  
Mobile Ph \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ [ ] CPESC  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_  
Country \_\_\_\_\_ Employer \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_