



**DPS**

Montgomery County  
Department of Permitting Services



**APPENDIX A  
APPLICATION FOR PEER REVIEW CERTIFICATION**

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**TYPE OF CERTIFICATION REQUEST** (check both if applicable)

Engineered Public Right of Way                       Engineered Sediment Control/Stormwater Management

**\*LICENSES AND CERTIFICATIONS** (\*Lack of licensing or certification will not eliminate applicants from this program)

Professional Engineer in the State of Maryland                      License Number \_\_\_\_\_

Professional Landscape Architect in the State of Maryland                      License Number \_\_\_\_\_

Professional Land Surveyor                      License Number \_\_\_\_\_

CPESC Certification                      Certification Number \_\_\_\_\_

CPSWQ Certification                      Certification Number \_\_\_\_\_

NICET Certification                      Certification Number \_\_\_\_\_

Other \_\_\_\_\_                      Certification Number \_\_\_\_\_

Email Application to [Mark.Etheridge@montgomerycountymd.gov](mailto:Mark.Etheridge@montgomerycountymd.gov) and/or [Atiq.Panjshiri@montgomerycountymd.gov](mailto:Atiq.Panjshiri@montgomerycountymd.gov)



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**PROJECTS HISTORY REPORT (PROVIDE INFORMATION FOR FIVE MOST RECENT PROJECTS)**

**PROJECT 1**

Name and/or Address/Location of Project	
Your Role in the Project	
DPS Permit Number	

**PROJECT 2**

Name and/or Address/Location of Project	
Your Role in the Project	
DPS Permit Number	

**PROJECT 3**

Name and/or Address of Project	
Your Role in the Project	
DPS Permit Number	

**PROJECT 4**

Name and/or Address of Project	
Your Role in the Project	
DPS Permit Number	

**PROJECT 5**

Name and/or Address of Project	
Your Role in the Project	
DPS Permit Number	



## APPLICANT AFFIDAVIT

I, \_\_\_\_\_,

declare that the information contained in this application and in its supporting documentation, to the best of my knowledge, is true, correct and complete. I also declare that I agree to abide by the conditions of the peer review program as set forth in the published Peer Review Program Manual, policies and procedures, and quality control methods:

Further, I understand that if granted a peer review certification, falsification of information provided in this application and/or violations of the Peer Review program conditions, may lead to suspension or revocation of my certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date