1000186 SP 0664 -C01-P00188-I

VIDYA N. TRIVEDI
RELIANCE ENVIRONMNETAL LLC
11 OLD FARM RD
WOODBRIDGE CT 06525-2400

Dear VIDYA N. TRIVEDI,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health
P.O. Box 340308
M.S.#12MQA
Hartford, CT 06134-0308

(860) 509-7603
oplc.dph@ct.gov
www.ct.gov/dph/license

Sincerely,

MANISHA JUTHANI, MD, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
VIDYA N. TRIVEDI

VALIDATION NO.	CERTIFICATE NO.	CURRENT THROUGH
03-172352	001706	03/31/26

PROFESSION
LEAD PLANNER/PROJECT DESIGNER

Vidya N. Trivedi
SIGNATURE

MANISHA JUTHANI, MD, COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED
BY THIS DEPARTMENT AS A
LEAD PLANNER/PROJECT DESIGNER

VIDYA N. TRIVEDI

CERTIFICATE NO.
001706

CURRENT THROUGH
03/31/26

VALIDATION NO.
03-172352

Vidya N. Trivedi
SIGNATURE

MANISHA JUTHANI, MD, COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
VIDYA N. TRIVEDI

VALIDATION NO.	CERTIFICATE NO.	CURRENT THROUGH
03-172352	001706	03/31/26

PROFESSION
LEAD PLANNER/PROJECT DESIGNER

Vidya N. Trivedi
SIGNATURE

MANISHA JUTHANI, MD, COMMISSIONER