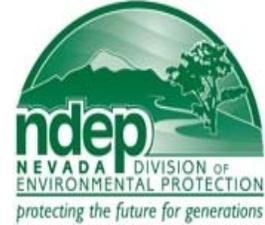


Application

Attach a recent color photograph. Photo should be full faced view, approximately 2x2 in size, and a clear and recognizable likeness.

Underground Storage Tank Tester

Nevada Division of Environmental Protection
Corrective Actions Certification Program
901 S. Stewart Street Ste 4001
Carson City, NV 89701 - 5249
(775) 687- 9368



FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

APPLICANT INFORMATION – MAILING ADDRESS

Name: _____
Last First M.I.

Mail Address: _____
Address City State Zip

Phone: _____ Email: _____

BUSINESS ADDRESS

Business Name: _____

Business Address: _____

Phone: _____

Submit any changes in your employment status, address change, etc. to NDEP as soon as possible, so information from this office will be sent or emailed to the correct address.

EXPERIENCE (attach additional sheets if necessary)

Current Employer: _____

Address: _____

Length of employment (mo/yr): From _____ to _____ Total (mos): _____

Hours worked per week: _____

Your title: _____

Supervisor's Name: _____

PREVIOUS EMPLOYER (if less than 1 year at current employer)

Previous Employer: _____

Address: _____

Length of employment (mo/yr): From _____ to _____ Total (mos): _____

Hours worked per week: _____

Your title: _____

Supervisor's Name: _____

Briefly describe one (1) year of direct involvement with underground storage tanks (UST) testing, including pertinent facts about the systems you tested (i.e. failed, passed or any problems with the system).

Include fifty (50) UST tank tests you have performed, with dates and locations.

Date		Location	Passed/failed/problem
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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36			

Date	Location	Passed/failed/problem
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ICC EXAMINATION

Exam	Expiration Date
Tank Tightness Testing	

Attach a copy of the "Tank Tightness Testing" certificate, including expiration date.
 (Required under NAC 459.9722)

UST COURSE(S) OFFERED BY EQUIPMENT MANUFACTURER(S)

Course Name	Organization	Training Dates

Attach a copy of the training certificate (s).

CERTIFIED IN ANOTHER STATE PROVIDING UST SERVICES? Yes _____ No _____

If yes, complete the following and attach a copy of the certificate

Certification Title	Number	Expiration Date / State Completed

UST SAFETY TRAINING COURSE

Provide proof of completion of a course in the safe handling of underground storage tanks that you have attended. Examples include OSHA 40 hour HAZWOPER / refresher, and PETCON.

Course Title: _____

Organization: _____

Address: _____

OTHER TRAINING

Provide any other training that you have had, e.g. conferences, seminars, workshops, short courses, OSHA, etc. Attach additional sheets if necessary.

Date	Name of course	Institute/sponsor	Hours

CRIMINAL RECORD Please check the appropriate box (NAC 459.972, Part 2d)

Have you ever plead guilty or nolo contendere in criminal proceedings pertaining to underground tank testing under NAC 359.792?

Yes No

If yes, please provide (below) or attach a signed statement, under penalty of perjury, declaring the details of all pleas of guilty or nolo contendere in criminal proceedings and all convictions of crimes pertaining to underground tank testing under NAC 459.972.

ACKNOWLEDGMENT

1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 459.595.
2. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential certification in this program and authorize the release of any such information, including, but not limited to, any criminal conviction on my record.
3. I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

_____ Original Signature

_____ Date

REFERENCES (NAC 459.9723, part 2i)

Please provide, on the forms provided, three letters of reference from persons with experience in the services of the classification attesting to your moral character and competence in underground tank tester activitie (see definition under experience section).

APPLICATION FEE

A non-refundable fee in the amount of **\$100.00** must accompany this application. Make your check or money order payable to the **NDEP**.

MISCELLANEOUS INFORMATION

1. The information supplied in this application will be used to determine eligibility for certification. All information requested is necessary, and if not provided, the application may be rejected.
2. The NDEP has six (6) weeks after receipt of all required materials to determine eligibility for certification. You will receive a written notice of the determination.
3. This application will remain on file for two (2) years after the date that all required materials are received by NDEP. If the applicant does not pass the examination within that two (2) year period, the applicant must file a complete, new application for certification with NDEP.
4. Submit it with this application to:

Nevada Division of Environmental Protection
Corrective Actions Certification Program
901 S. Stewart Street Ste 4001
Carson City, Nevada 89701 - 5249

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
CORRECTIVE ACTIONS CERTIFICATION PROGRAM
901 S. Stewart Street Ste 4001
Carson City, NV 89701 - 5249
(775) 687-9368**

I, _____ do hereby attest:

1. That I understand that I have been named as a reference in the matter of the application for the certification of:

(Applicants Name)

as an Underground Storage Tank Tester, which will certify him/her to provide services related to:

Tank Tightness Testing of USTs

2. That I have experience in the services listed in Item 1.
3. That I believe the applicant's moral character and competence are adequate to provide such services.

Provide a brief explanation attesting to the applicant's knowledge and moral character:

(attach additional sheets if required)

Signature _____ Date _____

Please Return to:
Nevada Division of Environmental Protection
Corrective Actions Certification Program
901 S. Stewart Street Ste 4001
Carson City, NV 89701 - 5249
(775) 687-9368

Please Attach A Business Card Here

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