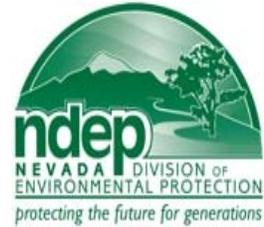


# Application

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

## Underground Storage Tank Handler

Nevada Division of Environmental Protection  
Bureau of Corrective Actions Certification Program  
901 S. Stewart Street Ste 4001  
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.

### NEVADA CONTRACTORS LICENSE (Please attach a copy of your current Contractors License.)

Please provide proof of an appropriate license issued by the Nevada State Contractors Board (NRS 624) relating to the handling of underground storage tanks. Acceptable contractor licenses are:

- A General Engineering
- AB General Engineering and General Building
- C28 Fabricating Tanks
- B4 Service Stations
- A22 Unclassified (must be related to tank handling)

Nevada License No. \_\_\_\_\_ Classification \_\_\_\_\_

Individual Holding License \_\_\_\_\_ Business Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

### ICC EXAMINATIONS

Exam	Expiration Date	Attach proof of passage of the two exams (e.g., certificate, score notice, etc.). Required under NAC 459.9722.
Installation / Retrofitting		
Decommissioning		

## Safety Examination

Passage of a course in the **safe handling** of underground storage tanks is also required. Please list course.

Testing Organization	
Testing Organization Address	
Testing Organization Phone	
Course Type / Title	
Certification Number (if applicable)	
Training Expiration Date	

**Attach proof of passage of the safe handling course (e.g., certificate, score notice, etc.)**

## EXPERIENCE

Handling of underground storage tanks has been defined as (*per NAC 459.9705*):

- **Installation** of USTs
- **Repairing** of USTs
- **Upgrading** of USTs
- **Closure** of USTs

Describe and list at least 2 years of relevant tank handling experience. Begin with the most recent experience obtained. Use as many employers and additional sheets as necessary.

Employer:		Location:	
Length: From                      to		Hours per Week:	Total Months:
Your Title:		Supervisor	% of Time
(1) Installation of USTs			
(2) Repairing of USTs			
(3) Upgrading of USTs			
(4) Closure of USTs			

Employer:		Location:	
Length: From                      to		Hours per Week:	Total Months:
Your Title:		Supervisor	% of Time
(1) Installation of USTs			
(2) Repairing of USTs			
(3) Upgrading of USTs			
(4) Closure of USTs			

Please list at least 10 individual projects in which you had **direct participation** relating to the handling of federally regulated USTs. For sites in Nevada, provide the name of the licensed handler overseeing the work.

	Date	Job Name / Location	Type of Work Performed	Supervising Handler Name (for jobs in Nevada)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**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 storage tank handling 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 underground tank handling under NAC 459.972.

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## 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 459.9722, part 2h)

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 handling activities (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**. Please be aware that checks returned by the bank without payment will result in a letter from the State indicating that you will have fourteen (14) days from the date of the letter to make payment of the full amount of the check plus a \$25.00 returned check charge (NAC 353C.400). In addition, a hold will be placed on your file until adequate payment is received.

## 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 application, check or money order to:

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

**Please refer any questions to the Certification Coordinator  
Jeffrey Erwin at (775) 687-9379  
or visit the web: [ndep.nv.gov](http://ndep.nv.gov)**

**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 Handler, which will certify him/her to provide services related to:

- **Installation** of USTs
- **Repairing** of USTs
- **Upgrading** of USTs
- **Closure** 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:

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(Sign and 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

**Please Attach A Business Card Here**

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

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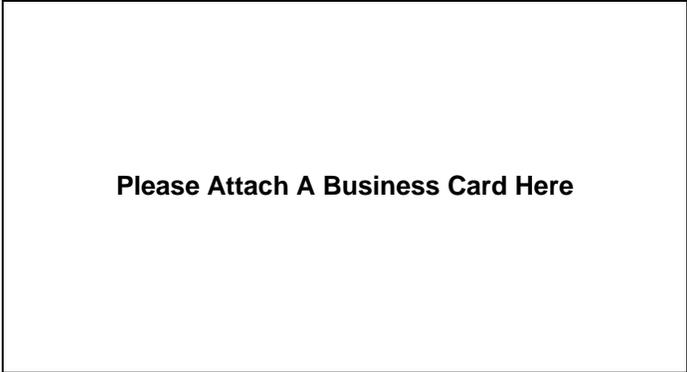
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(Sign and attach additional sheets if required).

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



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(Sign and attach additional sheets if required).

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

**Please Return to:**  
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