

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



## Application

### Underground Storage Tank Tester

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

**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		
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8		
9		
10		
11		
12		
13		
14		
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35		

**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 or been convicted of a crime?  
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 any crimes.

\_\_\_\_\_

\_\_\_\_\_

## 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.

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Original Signature

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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 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 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**

Please refer any questions to the Certification Coordinator, by contacting an Administrative Assistant at (775) 687-9368.

NEVADA DIVISION OF ENVIRONMENTAL PROTECTION  
CORRECTIVE ACTIONS CERTIFICATION PROGRAM

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:

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(attach additional sheets if required)

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

Please attach to application before submission to NDEP.



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(attach additional sheets if required)

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

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

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