



Application Underground Storage Tank Handler

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

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

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

CONTACT INFORMATION

Name: _____
Last First M.I.
Mailing Address: _____
Address City State Zip
Phone: _____ Email: _____

BUSINESS ADDRESS

Company Name: _____
Business Address: _____
Address City State Zip
Phone: _____

If you were certified as an Underground Storage Tank Handler in the past, provide your Certification Number and Expiration Date:

Certification #: _____ Expiration Date: _____

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

Provide proof of completion of ICC Installation/Retrofitting and ICC Decommissioning courses. Attach proof of passage of the two exams (e.g., certificate, score notice, etc.). Required under NAC 459.9722.

Exam	Expiration Date
INSTALLATION/RETROFITTING	
DECOMMISSIONING	

UST SAFETY TRAINING COURSE

Provide proof of completion of a course in the safe handling of underground storage tanks. Courses accepted include OSHA - 40 Hour Training (29 CFR 1910.120), courses by PETCON, and courses approved at the discretion of NDEP. **Attach a copy of the training certificate.**

Class	Expiration Date

EXPERIENCE

Describe at least 2 years of relevant tank handling experience. Experience is defined as the installation, repair, upgrade and closure of Underground Storage Tanks (NAC 459.9705). Use as many employers and additional sheets as necessary.

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

PROJECTS

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				

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).

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 convictions of crimes.

ACKNOWLEDGMENT

Original signature must be submitted. Faxed or photocopied signatures will not be accepted.

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

APPLICATION FEE (NAC 459.97235, Part 1b)

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. To ensure accurate delivery of information from this office, notify NDEP of any changes to your contact information by calling (775) 687-9368 or emailing cert_info@ndep.nv.gov.
4. Submit application, and check or money order to:

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

Please refer any questions to NDEP Bureau of Corrective Actions: (775) 687-9368 or cert_info@ndep.nv.gov.

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 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:

(Sign and attach additional sheets if required).

Signature _____ Date _____

Please attach to application before submission to NDEP.

Please Attach A Business Card Here

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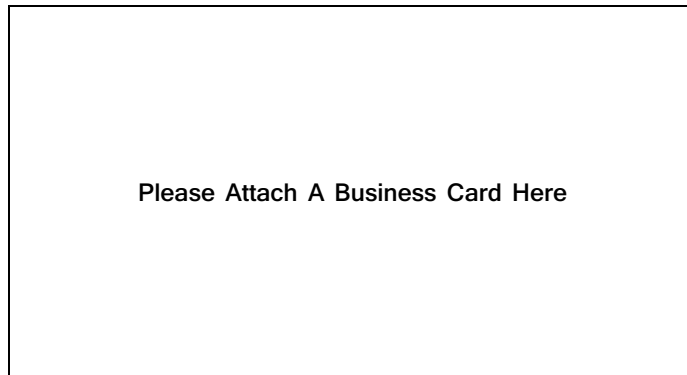
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