



# 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

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: \_\_\_\_\_

## EXPERIENCE (attach additional sheets if necessary)

Describe one year of substantial underground storage tank testing experience. Indicate dates worked, location, supervisor or client name, email and phone number. Attach additional sheets if necessary.

Date and Project Location	Project/Service Description	Supervisor/Client Name and Contact Information

## TANK TESTS

In the table below, briefly describe at least one (1) year of experience 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
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**ICC EXAMINATION**

Provide proof of completion of the ICC Tank Tightness Testing course. **Attach proof of passage of the exam** (e.g., certificate, score notice, etc.). Required under NAC 459.9722.

Exam	Expiration Date
Tank Tightness Testing	

**UST SAFETY TRAINING COURSE**

Provide proof of completion of a course in the safe handling of underground storage tanks that you have attended. 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

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

Please attach a copy of the training certificates for those manufacturers that require training.

Course Name	Organization	Training Dates

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

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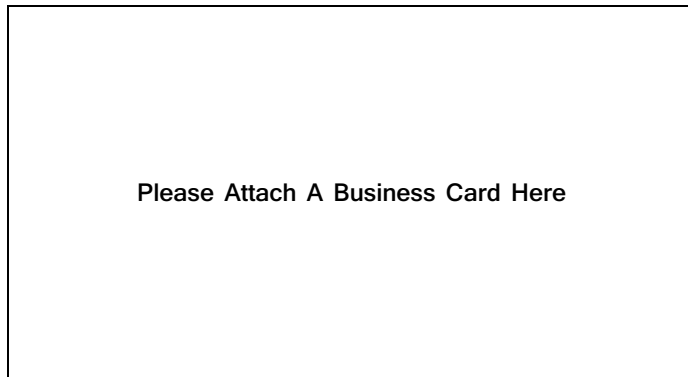
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(attach additional sheets if required)

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

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