



Application

ABC Operator Trainers

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: _____

NEVADA BUSINESS LICENSE (Please attach a copy of your current Business License.)

Please provide proof of an appropriate license issued by the Nevada Secretary of State (NRS 76)
Information regarding a Nevada Businesses License can be found here: <http://nvsos.gov/sos/licensing>

Nevada Business License No.: _____

Business Name: _____

Expiration Date: _____

ABC OPERATOR TRAINING EXPERIENCE

Describe and list your experience and qualifications in providing ABC operator training. Begin with the most recent experience obtained. Use as many additional sheets as necessary.

Employer:	Location:
Length: From to	Total Months:
Your Title:	Supervisor
ABC Operator training experience:	

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Length: From to	Total Months:
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REFERENCES (NAC 459.97235, Part 1)

Provide three references on the forms provided. References must be submitted with original signatures and included with the application. No faxed or photocopied signatures will be accepted. Persons providing references do not have to be ABC operator trainers, but should be familiar with applicants work and ethics.

TRAINING PROGRAM REQUIREMENTS (NAC 459.97235 & 40 CFR § 280.242, 40)

Class A Operators Training

1. Is your Class A Operators training program an exam only, a course with an exam, or another method for evaluating Class A Operators?

2. Please attach a complete copy of your Class A Operator Training Program including all related training materials and exams (if applicable).

The table below lists all of the training topics that must be taught to Class A Operators. Complete the table by identifying the where in your training materials (document name and page number) each topic is addressed. All fields must be completed:

a) Spill & Overfill Prevention	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

b) Release Detection	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

c) Corrosion Protection	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

d) Emergency Response	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

e) Product & Equipment Compatibility & Demonstration	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

f) Financial Responsibility	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

g) Notification & Storage Tank Registration	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

h) Temporary & Permanent Closure	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

i) Related Reporting, Recordkeeping, Testing & Inspections	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

j) Environmental & Regulatory Consequences of Releases	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

k) Training Requirements for Class B & Class C Operators	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

Class B Operators Training

1. Is your Class B Operators training program an exam only, a course with an exam, or another method for evaluating Class B Operators?
2. Please attach a complete copy of your Class B Operator Training Program including all related training materials and exams (if applicable).

The table below lists all of the training topics that must be taught to Class B Operators. If you offer a combined Class A and Class B Operators training program that uses the same training materials for both, then complete only section “a) Operations & Maintenance” in the table below. If you offer a stand-alone Class B Operators training, complete the table below in full (all fields must be completed).

a) Operation & Maintenance	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

b) Spill & Overfill Prevention	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

c) Release Detection	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

d) Corrosion Protection	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

e) Emergency Response	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

f) Product & Equipment Compatibility and Demonstration	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

g) Reporting, Recordkeeping, Testing & Inspections	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

h) Environmental & Regulatory Consequences of Releases	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

i) Training Requirements for Class C Operators	Document Name	Page Number
i. Purpose		
ii. Method		
iii. Function		

Class C Operators Training

1. Is your Class C Operators training program an exam only, a course with an exam, or another method for evaluating Class C Operators?
2. Please attach a complete copy of your Class C Operator Training Program including all related training materials and exams (if applicable).

The table below lists all of the training topics that must be taught to Class C Operators. Complete the table by identifying the where in your training materials (document name and page number) each topic is addressed. All fields must be completed:

a) Training materials that teach appropriate action in response to a UST system emergency or spill	Document Name	Page number/Section
b) Training materials/exams that evaluate Class C operators' knowledge and skills to take appropriate action in response to a UST emergency or spill	Document Name	Page number/Section

Training Record Keeping

Please attach an example of a training completion certificate or record showing at a minimum: trainee name, date trained, operator training class completed, the name of the trainer or examiner, and the training company name, address and telephone number.

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 ABC operator trainer, which will certify him/her to provide services related to:

- Training of Class A, Class B, and Class C operators

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:

Signature _____ Date _____

Please attach to the application before submission to NDEP.

Please Attach A Business Card Here

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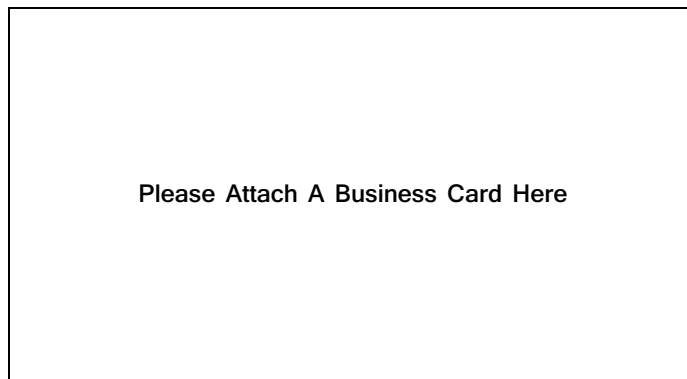
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