

UST CERTIFIED WORKER APPLICATION

INDIVIDUAL CERTIFICATION

Please print or type. Failure to answer all questions may cause your application to be rejected.

**Return to: Department of Environmental Quality
Office of Environmental Compliance
USTRD - Financial Services
Post Office Box 4303
Baton Rouge, LA 70821-4303**

STATE USE ONLY

Reviewed by: _____

Date Reviewed: _____

Approved: Deficiencies:

A. PERSONAL

Name (last, first and middle) Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	Social Security Number: - -	Date of Birth
Mailing Address (street name, P. O. Box or rural route and box number)		
City/Town	State:	Zip Code:
Daytime Telephone Number: ()	E-Mail	

B. TYPE OF CERTIFICATION REQUESTED:

Installation/Repair Closure Installation/Repair/Closure

C. WORK EXPERIENCE (Start with your present or last job and work back)

The information provided in Part C of this application will be used to determine if an applicant has the required two years of experience in UST work or UST related work. Give brief, but complete, descriptions of your duties for the jobs shown. Also, estimate the percentage of time spent performing each duty. RESUMES ARE NOT ACCEPTABLE. If additional space is needed to list all jobs, copy Section C. NOTE: Subsection b must be completed if you are using UST related work to qualify for certification. Work that is NOT considered UST related includes plumbing, construction of wastewater treatment plants, earth moving work and general construction work.

Section 1

a. Date of Employment (month/day/year) From: _____ To: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: () _____ Position Title: _____

Percentage of Time Spent Performing Each Duty	Briefly Describe the Duties Performed While in This Position:	Average No. of Hours Worked Weekly:

b. Persons Performing UST Related Work - In the area below, indicate why the work you have performed should be considered closely related to UST work

↔ ↔ All new applications for certification must be received by the Permits Division at least thirty (30) days prior to testing. ↔ ↔

D. UNDERGROUND STORAGE TANK (UST) JOB REFERENCES

Note: This section is not applicable to those individuals using equivalent work experience or a civil or mechanical engineering degree to qualify for an examination.

- If you are applying for an installation/repair certificate, you must list a minimum of five UST installation/repair jobs (three of the five jobs must be installations) in which you actively participated. These five jobs (UST work performed at separate locations) must have been performed after December 22, 1988.
- If you are applying for a closure certificate, you must list a minimum of five UST closure jobs in which you actively participated. These five jobs (UST work performed at separate locations) must have been performed after December 22, 1988.
- If you are applying for an installation/repair/closure certificate, you must address both items listed above.

For Whom Performed	Type and Location of Jobs Performed	Period Of Time When Work Was Performed
1.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	1.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	1.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
2.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	2.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	2.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
3.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	3.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	3.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
4.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	4.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	4.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
5.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	5.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	5.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
6.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	6.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	6.c. From (month, day & year) <hr/> To (month, day & year) <hr/>

D. UNDERGROUND STORAGE TANK (UST) JOB REFERENCES (CONTINUED)

For Whom Performed	Type and Location of Jobs Performed	Period Of Time When Work Was Performed
7.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	7.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	7.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
8.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	8.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	8.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
9.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	9.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	9.c. From (month, day & year) <hr/> To (month, day & year) <hr/>
10.a. Name of UST Owner/Operator <hr/> Mailing Address <hr/> <hr/> Contact Person <hr/> Telephone Number ()	10.b. Physical Location of Job <hr/> <hr/> <hr/> <input type="checkbox"/> Installation <input type="checkbox"/> Repair <input type="checkbox"/> Closure	10.c. From (month, day & year) <hr/> To (month, day & year) <hr/>

E. EDUCATIONAL SUBSTITUTION

- Are you using a civil or mechanical engineering degree from a recognized college or university to qualify for certification?
 Yes No
- If yes, attach a copy of a diploma or provide records indicating that a degree has been obtained in civil or mechanical engineering from a recognized college or university.

F. CERTIFICATION

I certify under penalty of law that all statements, answers and representations in this application, including all supplementary information attached hereto, are true and accurate; and acknowledge that any false information submitted on my behalf and verified by my signature is cause to have a certificate denied or revoked by the Department of Environmental Quality.

Signature of Applicant

Date

IMPORTANT

In order for an individual to qualify for an examination, they must first submit this application and be determined eligible by the Underground Storage Tank and Remediation Division for testing. In addition, an examination fee of \$132 (for each examination taken) must accompany this application for Underground Storage Tank Worker Certification. The check or money order should be made payable to the Department of Environmental Quality and mailed (with the completed application) to: **LDEQ, Office of Environmental Compliance, USTRD-Financial Services, P.O. Box 4303, Baton Rouge, LA 70821-4303.**

Any questions you may have regarding the UST Worker Certification program may be directed to the USTR Division at (225) 219-3437.

**LOUISIANA UNDERGROUND STORAGE TANK WORKER
CERTIFICATION EXAMINATION REGISTRATION FORM
2012 TESTING SCHEDULE**

****IMPORTANT****

**An application (Form UST-CC- 1) must be received by the
Underground Storage Tank and Remediation Division at least
thirty (30) days prior to the testing date. This testing schedule
form cannot be completed unless Form UST-CC-1 has been
submitted to the Underground Storage Tank and Remediation
Division**

Please check below for each test you wish to take.

- | | | |
|--|---|---|
| Thursday, January 5, 2012
602 North Fifth Street
Baton Rouge, LA 70802 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| Thursday, March 8, 2012
201 Evans Road, Bldg. 4, Ste. 420
New Orleans, LA 70123 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| Thursday, May 3, 2012
602 North Fifth Street
Baton Rouge, LA 70802 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| Thursday, July 12, 2012
1525 Fairfield, Rm. 520
Shreveport, LA 71101 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| Thursday, Sept. 6, 2012
602 North Fifth Street
Baton Rouge, LA 70802 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| Thursday, Nov. 8, 2012
1301 Gadwall Street
Lake Charles, LA 70615 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |

**FEE OF \$132 PER EXAMINATION HAS NOT BEEN REMITTED,
IT MUST ACCOMPANY THIS FORM.**

**I understand that should I need to cancel the scheduled testing, I must notify the
Underground Storage Tank and Remediation Division no later than one week (7 days)
prior to the scheduled testing date. I will be ineligible for reimbursement of the
examination fee if I fail to cancel the scheduled testing.**

Check here if you are taking this examination to recertify.

_____	_____
Signature of Individual to be Tested	Telephone Number (Please Include Area Code)
_____	_____
Name of Individual to be Tested (PLEASE PRINT)	Fax Number (Please Include Area Code)

Name of Employer	

Employer's Address	

**RETURN THIS FORM AND REQUIRED FEES TO
LDEQ
OFFICE OF ENVIRONMENTAL COMPLIANCE
USTRD - Financial Services
P.O. BOX 4303,
BATON ROUGE, LA 70821-4303**