

# 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:
		<input type="checkbox"/>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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  
2015 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.

- |  |   |   |
|--|---|---|
| <b>Thursday, January 8, 2015</b><br>602 North Fifth Street<br>Baton Rouge, LA 70802          | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| <b>Thursday, March 5, 2015</b><br>201 Evans Road, Bldg. 4, Ste. 420<br>New Orleans, LA 70123 | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| <b>Thursday, May 7, 2015</b><br>602 North Fifth Street<br>Baton Rouge, LA 70802              | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| <b>Thursday, July 9, 2015</b><br>1525 Fairfield, Rm. 520<br>Shreveport, LA 71101             | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| <b>Thursday, Sept. 3, 2015</b><br>602 North Fifth Street<br>Baton Rouge, LA 70802            | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:30 pm |
| <b>Thursday, Nov. 5, 2015</b><br>1301 Gadwall Street<br>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**