

# UST CERTIFIED WORK 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

AI Number: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved:

Deficiencies:

### A. PERSONAL

Name: (last, first, and middle) Ms.  Mr.

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 Address: \_\_\_\_\_

### 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 Number 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 USTRD Division at least thirty (30) days prior to testing.

Form UST-CC-1

Revised: 5/1/2015



**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 installations/repair jobs (three of the five jobs must be installations) in which you actively participated. These five jobs (UST work performed at separate location) 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
1a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	1b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	1c. From (month/day/year): _____ To (month/day/year): _____
2a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	2b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	2c. From (month/day/year): _____ To (month/day/year): _____
3a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	3b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	3c. From (month/day/year): _____ To (month/day/year): _____
4a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	4b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	4c. From (month/day/year): _____ To (month/day/year): _____
5a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	5b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	5c. From (month/day/year): _____ To (month/day/year): _____
6a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -	6b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure	6c. From (month/day/year): _____ To (month/day/year): _____

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 Form UST-CC-1

Revised: 5/1/2015

**E. UNDERGROUND STORAGE TANK (UST) JOB REFERENCES (COTINUTED)**

<p>7a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -</p>	<p>7b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure</p>	<p>7c. From (month/day/year): _____ To (month/day/year): _____</p>
<p>8a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -</p>	<p>8b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure</p>	<p>8c. From (month/day/year): _____ To (month/day/year): _____</p>
<p>9a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -</p>	<p>9b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure</p>	<p>9c. From (month/day/year): _____ To (month/day/year): _____</p>
<p>10a. Name of UST Owner/Operator: _____ Mailing Address: _____ _____ Contact Person: _____ Telephone Number: ( ) -</p>	<p>10b. Physical Location of the Job: _____ _____ _____ <input type="checkbox"/> Repair <input type="checkbox"/> Installation <input type="checkbox"/> Closure</p>	<p>10c. From (month/day/year): _____ To (month/day/year): _____</p>

**F. EDUCATION 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.

**G. 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 USTRD Division at (225) 219-3678.

**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.

**Thursday, January 8, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
602 North Fifth Street  
Baton Rouge, LA 70802

**Thursday, March 5, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
201 Evans Road, Bldg. 4, Ste. 420  
New Orleans, LA 70123

**Thursday, May 7, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
602 North Fifth Street  
Baton Rouge, LA 70802

**Thursday, July 9, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
1525 Fairfield, Rm. 520  
Shreveport, LA 71101

**Thursday, Sept. 3, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
602 North Fifth Street  
Baton Rouge, LA 70802

**Thursday, Nov. 5, 2015**     Installation/Repair Exam - 8:30 am                       Closure Exam - 1:30 pm  
1301 Gadwall Street  
Lake Charles, LA 70615

A 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 (include area code)

\_\_\_\_\_  
Name of Individual to be Tested (PLEASE PRINT)

\_\_\_\_\_  
Fax Number (include area code)

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer 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**