

**LOUISIANA UNDERGROUND STORAGE TANK  
WORKER CERTIFICATION EXAMINATION REGISTRATION FORM  
2005 TESTING SCHEDULE**

**}} IMPORTANT }**

**An application (Form UST-CC-1) must be received by the Water & Waste Permits 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 Permits Division.**

Please check below for each test you wish to take.

- |                                   |   |   |
|-----------------------------------|---|---|
| <b>Thursday, February 3, 2005</b> | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |
| <b>Tuesday, April 5, 2005</b>     | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |
| <b>Tuesday, June 7, 2005</b>      | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |
| <b>Thursday, August 4, 2005</b>   | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |
| <b>Thursday, October 6, 2005</b>  | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |
| <b>Thursday, December 1, 2005</b> | <input type="checkbox"/> Installation/Repair Exam - 8:30 am | <input type="checkbox"/> Closure Exam - 1:00 pm |

**IF THE 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 Permits 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 in this timely manner.~~

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 TO THE PERMITS DIVISION, POST OFFICE BOX 4313, BATON ROUGE, LA 70821-4313.**