

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	6.c. From (month, day & year) <hr/> To (month, day & year) <hr/>

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Repair

Closure

Application for Underground Storage Tank Worker Certification

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

E. EDUCATIONAL SUBSTITUTION

1. Are you using a civil or mechanical engineering degree from a recognized college or university to qualify for certification?

Yes

No

2. 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 Permits 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: DEQ, Registrations & Certifications, P. O. Box 4313, Baton Rouge, LA 70821-4313.

Any questions you may have regarding the UST Worker Certification program may be directed to the Registrations & Certifications Section of the Permits Division at (225) 219-3030.