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| <i>For Agency Use Only</i> | Date Received: | Certification # | Expires | Photo |
| Cl1 date | in1 date | cl2 date | in2 date | cl3 date |

APPLICATION FOR CERTIFICATION MISSISSIPPI UNDERGROUND STORAGE TANK PROGRAM

I hereby make application for renewal of certification as required by the Mississippi Underground Storage Tank Act and the Underground Storage Tank Regulations for the Certification of Persons Who Install or Alter, permanently close and test Underground Storage Tanks.

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|--------------------------------|--------------|-----------------------|--------------------|
| Applicant Name | | Date | |
| Company Name | | | |
| Company Mailing Address | | Company Phone | |
| City | State | Zip Code | Company Fax |
| Home Address | | Home Phone | |
| City | State | Zip Code | Cell Phone |
| Company Email | | Licensee Email | |

TYPE OF CERTIFICATION AND EDUCATION REQUIREMENTS

| | | | |
|--------------------------|--|------------------------|----------------------|
| TYPE | Check all applicable types, list all education received, and attach all course completion certificates | | |
| <input type="checkbox"/> | Certification to install and alter USTs: 8 hours of installation related course work. | | |
| <input type="checkbox"/> | Certification to permanently close USTs: 8 hours of permanent closure related course work. | | |
| <input type="checkbox"/> | Certification to test UST systems: 8 hours of UST technician related course work. | | |
| <input type="checkbox"/> | Certification to test cathodic protection. Certification provided by NACE, STI, or MDEQ approved equivalent | | |
| | Course Name | Course Provider | Date Attended |
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MANUFACTURER CERTIFICATION REQUIREMENTS (Attach all applicable manufacturer certifications)

| Manufacturer | UST Component or Equipment | Expiration Date |
|--------------|----------------------------|-----------------|
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CERTIFICATE OF FINANCIAL RESPONSIBILITY

(Check the statement that applies to you and if applicable attach a copy of the certificate)

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|--------------------------|--|---|
| Check One | <input type="checkbox"/> I have | <input type="checkbox"/> My employer has |
| <input type="checkbox"/> | a contractor's general liability insurance policy of at least \$50,000 that expires on ____/____/____ (month/day/year) is attached or is on file with the MDEQ. A 30- or 60-day cancellation notice is written on the certificate of insurance. (MDEQ must be listed as the certificate holder.) | |
| <input type="checkbox"/> | a certificate of responsibility from the Mississippi Board of Contractors that expires on ____/____/____ (month/day/year). A current certificate of responsibility is attached or is on file with MDEQ. | |
| <input type="checkbox"/> | My certification restricts me to only work on tanks owned by me or my employer; therefore, I do not have to provide proof of financial responsibility. There is an R in my certification number. | |
| <input type="checkbox"/> | I am applying for Certification to Test Cathodic Protection only; therefore, I do not have to provide proof of financial responsibility. | |

I certify that the information given above is true and correct to the best of my knowledge and further understand that if any of the above information is found to be incorrect, I will not be considered for certification and / or additional enforcement action may be taken by MDEQ.

| | | | |
|-------------------|--|------------------|--|
| Print Name | | Signature | |
|-------------------|--|------------------|--|