



(for office use only)  
CK # \_\_\_\_\_  
Amt. \_\_\_\_\_

Complete and return this form to the address below along with your non-refundable check for \$100.00 made payable to: "State of Delaware"

Department of Natural Resources and Environmental Control  
Tank Management Section  
391 Lukens Drive  
New Castle, DE 19720

Complete this form if you are seeking individual certification as an on-site supervisor for UST work in Delaware. Print neatly or type.

## Application for Delaware Underground Storage Tank Certification Class A (On-Site Supervisor)

Type of Certification Requested:  Installation  Retrofit  Closure  
(check one or more)

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

- Have you ever been denied or had UST Certification suspended or revoked in any state?  
 Yes  No If YES, attach detail to this application.
- Are you certified for UST work in another State ?  Yes  No If YES, fill in information below.
- Certification Information:
  - State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for:  Installation  Retrofit  Closure
  - State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for:  Installation  Retrofit  Closure
  - State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for:  Installation  Retrofit  Closure
- Present Employer \_\_\_\_\_ (list details under references, P.2)
- Is your employer certified in Delaware ?  Yes  No
- Is your employer certified in any other state?  Yes  No
- If YES to #6, list state(s) \_\_\_\_\_

Name: \_\_\_\_\_

**UST Experience:**

Circle how many of each of the following you have done in the past two years.

Installation:	NONE	LESS THAN 10	10-25	MORE THAN 25
Retrofit:	NONE	LESS THAN 10	10-25	MORE THAN 25
Closure:	NONE	LESS THAN 10	10-25	MORE THAN 25

References for UST work:

List relevant employment and work history in field of Underground Storage Tanks with most recent experience first. Attach supplemental sheet if necessary.

Present Employment: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ To: \_\_\_\_\_

UST Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ To: \_\_\_\_\_

UST Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ To: \_\_\_\_\_

UST Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

**Relevant Training:**

List all formal training for UST activities for which you are seeking certification and any related safety training. List any certification training by manufacturers for installation of their products. List most current training first. Include any OSHA 40 hour training that meets 40 CFR 1910.120 requirements and any subsequent refresher training. Attach copies of training certificates.

	Course Title	Location	Date	Hours Credit
1.				
2.				
3.				
4.				
5.				
6.				

**Statement by Applicant:**

I do verify that I have read Part G, Contractor Certification of Delaware's *Regulations Governing Underground Storage Tank Systems* and agree to abide by all applicable rules and regulations promulgated by the Department of Natural Resources and Environmental Control, TMS.

**Affirmation:**

I do hereby affirm that the information provided by me is true and accurate to the best of my knowledge. I understand that false statements are grounds for denial or revocation of any certification issued.

Signed: \_\_\_\_\_

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

NOTE: Please review the application for completeness. *Incomplete applications will not be processed.* You will be notified of the results after review of the application. If you have any questions about this application, you may call the Tank Management Branch Office at (302) 395-2500.