

UST Contractor Certification
COMPANY (Class B)

RENEWAL APPLICATION INSTRUCTIONS

1. Have the owner or company officer complete, read the *Statement by Owner or Company Officer*, and sign the application.
2. Attach a **current** copy of your company's certificate of insurance for \$1,000,000 of general liability insurance and \$250,000 Contractor's Pollution Liability Insurance.
3. Attach a copy of your **current** Delaware Business License.
4. DOCUMENTATION OF EXPERIENCE: For *each* activity for which the applicant company is certified and seeking renewal, list a minimum of six sites within the past two years where the applicant company was the UST contractor. (6 installations, 6 retrofits, 6 tank closures, 6 tank lining) List only *one* type of UST activity (Installation, Retrofit, etc.) on each copy of *Attachment D*. One form is provided — duplicate as necessary.

If your company does not have the minimum experience required within the past two years, you will be notified and a qualified representative must appear and take a written exam to renew your certification.

If you are seeking a new certification activity, list a minimum of three job sites from the past two years where the applicant company was the UST contractor. If approved, you will be notified and a representative of the company will be scheduled to take the examination.

List work done at Delaware job sites first, followed by work in other states to reach the six site minimum.

5. TAKE-HOME EXAM: read instructions on the exam, complete, sign, and return with application.

Note: If you are also a certified supervisor who is renewing their certification without any additional certification requests, you need only complete the company take-home exam. Mark your supervisor exam with "SEE COMPANY EXAM" and return it with your supervisor renewal.

6. Remit a check for \$250 payable to *State of Delaware*.

A complete renewal package consists of:

- Application signed by company officer
- Documentation of experience "ATTACHMENT D" (one for each activity to be renewed)
- Current Certificate of Insurance for a minimum of \$1,000,000 general liability and \$250,000 Pollution Liability Insurance
- Current copy of your Delaware Business License
- Completed and signed copy of the take-home exam
- Check for \$250 payable to *State of Delaware*



(for office use only)
CK # _____
Amt. _____

Underground Storage Tank Certification Renewal Class B (Company)

If you are seeking renewal of your company's certification, complete and return this form and required attachments to the address below along with a non-refundable check for \$250 payable to: *State of Delaware*

Department of Natural Resources and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720-2774

Print neatly or type

Check type of Certification you wish to renew, add, or delete. (see instructions for details)

	RENEW	ADD	DELETE
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrofit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Information: Certification Number: B _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Web address: http:// _____

Contact person e-mail address: _____

Is this company a corporation or limited liability company?

No print name of owner(s) _____

Yes complete the information below

Company Officers: (First name - MI - Last name)

President: _____

Vice-President: _____

Treasurer: _____

Secretary: _____

Other officer: _____ Title: _____

Does this company hold a current UST certification in any other state? Yes No

If yes, please list state(s), certification number, and expiration date.

State: _____ Cert #: _____ Exp: _____ State: _____ Cert #: _____ Exp: _____
State: _____ Cert #: _____ Exp: _____ State: _____ Cert #: _____ Exp: _____

Has this company or any Principal of this company ever had certification denied, suspended, or revoked in another state?

Yes No If yes, please attach details to application.

Has this company or any Principal of this company been convicted of, or had claims settled for fraud, dishonest dealing, or misconduct in the practice of contracting?

Yes No If yes, please attach details to application.

Has this company or any Principal of this company been cited by the Occupational Safety and Health Administration (OSHA) in the past three years?

Yes No If yes, please attach details to application.

Is this company or any Principal of this company under any pending litigation or any administrative or criminal action by any federal or state regulatory agency?

Yes No If yes, please attach details to application.

1. Complete and submit one copy of **ATTACHMENT D** for *each* activity for which you wish to renew your certification
2. Attach copy of current **CERTIFICATE OF INSURANCE** for General Liability in the amount of **\$1,000,000** or more and Contractor's Pollution Liability Insurance in the amount of \$250,000 or more.
3. Attach copy of current **DELAWARE BUSINESS LICENSE**
4. Complete and submit take-home exam

Statement by Owner or Company Officer:

I, as an owner or officer of the above named company, 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 policies, rules, and regulations promulgated by the Department.

I also verify that any person employed by this company on UST activities requiring certification will be provided with a copy of Part G, Contractor Certification, and will be required to abide by all applicable policies, rules, and regulations promulgated by the Department.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for denial or revocation of certification.

Signature: _____ Date: _____

Name (print): _____

Title: _____

THIS FORM MAY BE REPRODUCED AS NECESSARY

Company: _____

Cert. # B _____

ATTACHMENT D
DOCUMENTATION OF EXPERIENCE

THIS IS A TWO PAGE DOCUMENT - COMPLETE BOTH PAGES AND SIGN PAGE 2
Check UST activity for which this company is documenting experience:

Installation

Retrofit

Closure

Check **only one** activity per Attachment D. Attach separate copy for each activity

UST Facility activity completed for: (list Delaware sites first)

1. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____
 Contact Phone () _____
 Proj. completion date: _____

2. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____
 Contact Phone () _____
 Proj. completion date: _____

3. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____
 Contact Phone () _____
 Proj. completion date: _____

Company: _____

Cert. # B _____

ATTACHMENT D
DOCUMENTATION OF EXPERIENCE

4. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____ _____
 City _____ State ____ Zip _____ _____
 Contact Name _____ _____
 Contact Phone () _____ _____
 Proj. completion date: _____

5. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____ _____
 City _____ State ____ Zip _____ _____
 Contact Name _____ _____
 Contact Phone () _____ _____
 Proj. completion date: _____

6. Owner Name _____ # Tanks included in proj: _____
 Facility Name _____ Capacity _____ Product Stored _____
 Address _____ _____
 City _____ State ____ Zip _____ _____
 Contact Name _____ _____
 Contact Phone () _____ _____
 Proj. completion date: _____

I hereby certify that the information provided on Attachment D is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for denial or revocation of certification.

Signature: _____ Date: _____

Name (print): _____

Title: _____