

SECTION III – CURRENT EMPLOYER INFORMATION (If more than one, attach additional pages)

Hire Date _____ Employer's Federal Tax ID # (EIN) _____
 Employer's DEP Client ID # _____ Employer's Certification # _____
 Name _____ Company Type Code _____
 Street Address _____
 City _____ State _____ Zip +4 _____
 Municipality _____ County _____
 (City, Boro, Twp)
 Telephone (_____) _____ - _____ Fax (_____) _____ - _____
 Company Contact Person _____
 Email Address _____

SECTION IV – MAIL CORRESPONDENCE TO ADDRESS

☐ Applicant Address ☐ Employer's Address

If the applicant has more than one employer and chooses to have correspondence delivered to the employer's address, provide the name of that employer. _____

SECTION V – CERTIFICATION CATEGORIES**(A) INITIAL Category Approval (Not a Renewal)**

Select category items under the heading **INITIAL** for those categories in which you are qualified. An Installer/Inspector Description Sheet is available for your review in determining qualifications for each category of certification. An applicant **must** complete a separate **Attachment A for each certification category requested**.

If the certification category requires technical training, manufacturer's certification, or inspector certification, you must submit a copy of the certificate with this application. The certificate must specifically name the applicant.

(B) RENEWAL

- **Retest** – Retaking and passing the category-specific examination may be used for renewal.
- **Training** – An applicant may choose to attend, and must complete successfully, a Department approved category-specific training course instead of retesting. Successful completion of the course means attendance at all sessions of the course and attainment of the minimum passing grade for the approved course. You must submit a copy of the course completion certificate with this application.

Also select Training if you are submitting a manufacturer's training certificate for UTT or TL categories. You must submit a copy of the certificate with this application. The certificate must specifically name the applicant. Individuals holding IUM, IAM, or IAF certification are trained by DEP staff. *A training record for inspectors is maintained by the Department so no training certificate needs to be submitted with the application..*

(C) DELETIONS

If the applicant wants to withdraw a category certification before the scheduled date of expiration, indicate which category by selecting the delete box adjacent to that category.

INSTALLER CATEGORIES	Initial	Renewal		Delete
		Retest	Training	
Underground				
UMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UMR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UTT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboveground				
AMMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMNX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFMX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMEX _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACVL _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground/Aboveground				
TL _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTOR CATEGORIES				
Underground				
IUM _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Aboveground				
IAM _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
IAF _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VI – APPLICANT’S CERTIFYING STATEMENT

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am the applicant herein named, that I have received the safety training as provided for under §245.111(h) of the regulations, and that the information I have provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____/_____/_____
Signature of the Applicant (In Ink) Date

SECTION VII – EMPLOYER’S CERTIFYING STATEMENT

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities), that I am an officer of the applicant’s employer. The applicant herein named has been provided with adequate safety training as provided for under §245.111(h) of the regulations. I further certify that the information provided on this Application for Certification is true, accurate, and complete to the best of my knowledge and belief.

_____/_____/_____
Signature & Title of Company Officer (In Ink) Date

APPLICANT'S CHECKLIST (Please type or print your name below)

INITIAL REQUEST FOR CERTIFICATION IN A CATEGORY

- ☐ This Application, signed by the applicant and the employer
- ☐ Attachment A (If required)
- ☐ A Copy of the Applicable Training Certificate(s)

REQUEST FOR RENEWAL OF CERTIFICATION IN A CATEGORY

- ☐ This Application, signed by the applicant and the employer
- ☐ Select the RETEST checkbox if renewing by examination, or
- ☐ Select the TRAINING checkbox if renewing by training, or equipment manufacturer's certification.

IF YOU ARE **RENEWING** YOUR CERTIFICATION

Please record the date you last attended administrative training

- ☐ I last attended Administrative Training on _____, 20____.
- ☐ I am not required to attend Administrative Training because I am certified as an INSPECTOR ONLY and I DO NOT hold a tank handling certification of any kind.

The Department reserves the right to request additional information necessary to determine whether the issuance of a certification conforms to Act 32 and Chapter 245.

The applicant should retain a copy of the application and all attachments. Mail, DO NOT FAX, the original application (not the instructions) & copies of applicable training certificates to:

**Pennsylvania Department of Environmental Protection
Bureau of Environmental Cleanup and Brownfields
Division of Storage Tanks
PO Box 8762
Harrisburg, PA 17105-8762**

If you have questions please call Customer Service at:

**717-772-5599
or
1-800-42-TANKS (In PA)**

Additional information may be obtained by calling Storage Tanks customer service at the above numbers, or by visiting www.dep.state.pa.us, keyword: Storage Tanks.