



STORAGE TANK COMPANY CERTIFICATION APPLICATION

OFFICIAL DEP USE ONLY			
Appl. Appr	Appl. Den.	Application # _____	Client ID # _____
_____	_____	Master Auth. # _____	Auth. ID# _____
_____	_____		

SECTION I – APPLICATION TYPE

- ☐ **FIRST** request for Company Certification (This company has never applied for certification)
- ☐ **RENEW** Company Certification (This company is currently certified, or has been previously certified)
- ☐ **AMEND** Company Certification Information (Change of address, ownership, certified employees, etc.)
Changes to company certification information must be reported to DEP within 14 days of any change

DEP Client ID # _____ Certification # _____

Is this application in response to a previous denial of certification under Chapter 245 of DEP's regulations?

☐ Yes ☐ No

Has an enforcement action (NOV, Suspension, Revocation, Order, etc.) pursuant to the Storage Tank Act ever been taken against the applicant? ☐ Yes ☐ No

Please explain:

SECTION II – COMPANY INFORMATION

Company Name _____ Type Code _____

Is this a registered fictitious name? ☐ Yes ☐ No

Federal Tax ID # (EIN) _____ Dun & Bradstreet ID _____

Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____

(Name of City, Township, Boro)

Applicant Contact Name & Title _____

(Last, First, MI)

Telephone _____ - _____ - _____ Ext _____ Fax _____ - _____ - _____

Email Address _____

Federal Employer Tax ID # (EIN) _____

IS THE APPLICANT IN SECTION II A SUBSIDIARY OR BRANCH OFFICE? ☐ Yes ☐ No

(If YES please complete the following)

Parent Company Name _____ Client Type Code _____

Federal Tax ID # (EIN) _____ Dun & Bradstreet ID _____ DEP ID # _____

Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, Boro)

Contact Name & Title _____
(Last, First, MI)

Telephone _____ Ext _____ Fax _____

Email Address _____

SECTION III – COMPANY OFFICERS

Please provide the following information for all company officers. Example; President, Vice President, Secretary, etc. Provide ALL requested information.

Officer's Name _____ SSN _____

Title _____ Effective Date _____ DEP Client ID # _____

Home Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Telephone _____ Ext _____ Fax _____

Email Address _____

Officer's Name _____ SSN _____

Title _____ Effective Date _____ DEP Client ID # _____

Home Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Telephone _____ Ext _____ Fax _____

Email Address _____

Federal Employer Tax ID # (EIN) _____

Officer's Name _____ SSN _____

Title _____ Effective Date _____ DEP Client ID # _____

Home Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Telephone _____ Ext _____ Fax _____

Email Address _____

Officer's Name _____ SSN _____

Title _____ Effective Date _____ DEP Client ID # _____

Home Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Telephone _____ Ext _____ Fax _____

Email Address _____

Have any of these company officers had individual installer/inspector certification suspended, revoked or been employed by a certified company that had its certification suspended or revoked? ☐ Yes ☐ No

If Yes, please explain _____

Federal Employer Tax ID # (EIN) _____

SECTION IV – PREVIOUS COMPANY NAME(S)

Please list all names, including d/b/a names, used by officials of this company. List any name used during the previous 7 years, and include the dates covering the period of time the name was in use.

Previous Name _____

From _____ to _____ Federal Tax ID # (EIN) _____

Previous Name _____

From _____ to _____ Federal Tax ID # (EIN) _____

Previous Name _____

From _____ to _____ Federal Tax ID # (EIN) _____

SECTION V – LICENSES & CERTIFICATIONS

Please list all industry or government licenses or certifications related to aboveground or underground storage tanks held by the company and/or the officers of the company. List license or certificate name, number, and date of expiration.

License or certificate name _____

Number _____ Expiration Date _____

Held by _____

Description _____

License or certificate name _____

Number _____ Expiration Date _____

Held by _____

Description _____

License or certificate name _____

Number _____ Expiration Date _____

Held by _____

Description _____

Federal Employer Tax ID # (EIN) _____

SECTION VI – SUBSIDIARY COMPANY, OR BRANCH OFFICE INFORMATION

If the **APPLICANT** is a corporation with subsidiary companies and/or branch offices, please list each subsidiary or branch office here.

☐ Add

☐ Delete

Company Name _____ Type Code _____

Federal Tax ID # (EIN) _____ Dun & Bradstreet ID _____ DEP ID # _____

Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Contact Name & Title _____
(Last, First, MI)

Telephone _____ Ext _____ Fax _____

Email Address _____

☐ Add

☐ Delete

Company Name _____ Type Code _____

Federal Tax ID # (EIN) _____ Dun & Bradstreet ID _____ DEP ID # _____

Address _____

City _____ State _____ ZIP + 4 _____ Country _____

Municipality _____ County _____
(Name of City, Township, or Boro)

Contact Name & Title _____
(Last, First, MI)

Telephone _____ Ext _____ Fax _____

Email Address _____

Federal Employer Tax ID # (EIN) _____

SECTION VII – CERTIFIED EMPLOYEES

Please list all certified installers and/or inspectors employed by this company. Also, if applicable list the names and termination dates of any previously employed and certified individuals who have terminated. If you have no PA Certified Installers or Inspectors write “None”. If you have an employee who has applied for their first certification write “Pending”. Note that an “employee” has an IRS Form W-4 (Tax withholding) on file and receives a Form W-2 (Wage and Earnings Statement) from the company. At least one certified individual must be employed in order for the company to receive DEP certification.

****If more space is needed copy this page before listing the certified individuals.***

A=Active P=Pending T=Terminated				
Installer/Inspector Name	Certification Number	Status (A, P, T)	Hire Date	Termination Date

Federal Employer Tax ID # (EIN) _____

SECTION VIII – COMPANY OFFICIAL’S REVIEW AND CERTIFYING STATEMENT

I certify that employees of this company have received appropriate safety training, and adhere to health and safety procedures, such as those required by the Federal Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH).

Furthermore, I certify that the company possesses current copies of:

1. The Storage Tank and Spill Prevention Act (Act 32).
2. Chapter 245, Administration of the Storage Tank and Spill Prevention Program, and
3. All technical manuals and administrative specifications required by §245.132(a)(1) of Chapter 245.

I also stipulate that the company will comply with Act 32 and Chapter 245 and will direct the employees, principles and agents of the company to perform tank handling and inspection activities in a manner that is consistent with Act 32 and Chapter 245.

I understand that failure to meet these requirements or any other conditions specified in Act 32 or Chapter 245 could result in the suspension or revocation of company certification.

I certify under penalty of law a provided in 18 PA C.S.A. § 4904 (relating to unsworn falsification to authorities), that I have reviewed this application for company certification and that I have the authority to sign the application on behalf of the company or individual herein named. I also certify that the information is true, accurate, and complete to the best of my knowledge and belief.

Name of the Company

Signature of the Certifying Official

Date

Typed/Printed Name

Title

Effective date of Change (if applicable)

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.

Retain a copy of the application and all attachments for your records and send the application materials to:

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