



STORAGE TANK INSTALLER AND INSPECTOR APPLICATION ATTACHMENT A

IMPORTANT – PLEASE READ

You must include this Attachment A with your Application for Installer/Inspector Certification. Although your Application may list more than one certification category, you must complete a separate Attachment A for each certification category being requested. See the Installer / Inspector descriptions included with the Application package for detailed descriptions of the Certification categories, and information regarding minimum qualifications based on education, experience, training or number of completed category-specific activities.

SECTION I – APPLICANT INFORMATION

NAME OF APPLICANT _____

SOCIAL SECURITY NUMBER _____

CERTIFICATION CATEGORY BEING REQUESTED WITH THIS ATTACHMENT A _____

SECTION II – DOCUMENTATION OF TOTAL EXPERIENCE AND EDUCATION

Section II-a Number of years of experience in which applicant has had substantial involvement in the activity for which certification is being requested. _____.

List employment history for the years of experience noted in II-a, above.

Company Name	From	To	Contact Name	Telephone

Section II-b Is a college degree being substituted for 1-year of appropriate experience? ☐ Yes ☐ No

If Yes, complete the following:

Name of College _____

Address of College or Campus Attended _____

Degree Earned _____ Major _____ Date _____

COLLEGE TRANSCRIPTS MUST BE ATTACHED

as evidence of the degree being considered

DEP USE ONLY

YEARS EXPERIENCE

Required: _____ Provided: _____

☐ Insufficient Experience

 Appropriate College Degree ☐ Yes ☐ No

ACTIVITIES COMPLETED

Required: _____ Provided: _____

☐ Insufficient Number of Activities

☐ Activities Cannot be Verified

Applicant Name _____

SECTION III – DOCUMENTATION OF TOTAL NUMBER OF ACTIVITIES COMPLETED

The activity and component codes are listed below, and on page 2 of the instructions provided with the application package.

III-a

No.	Date Activity Completed Month/Year	Type of Activity Completed (See Codes) 1 per line	System Component Involved (See Codes) 1 per line	Brief Description of Activity Completed Include Tank Registration Number, Capacity & Substance Stored (Do not only reenter component involved)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Type of activity completed – Enter one appropriate code per line from below.

- I** Installation (tank handling associated with installation)
- M** Modification (tank handling associated with modification)
- P** Operations, service, and construction inspections or tank tightness test performed on a storage tank system or facility
- R** Removal (tank handling associated with removal)

System component involved – Enter one appropriate code per line from below.

- A** Underground storage tank system
- F** Aboveground manufactured metallic storage tank or storage tank system
- G** Aboveground nonmetallic storage tank system
- H** Aboveground field constructed metallic storage tank greater than 90 foot diameter
- I** Aboveground field constructed metallic storage tank less than or equal to 90 foot diameter
- K** Aboveground storage tank system mechanical (piping, valves, corrosion protection, release detection, spill and overfill prevention, etc.)
- L** Aboveground storage tank system civil (foundations, field grading systems, vaults, pump supports, pipe supports, drainage systems, etc.)
- M** Underground or Aboveground storage tank lining

Applicant Name _____

III-b. Storage Tank Facility Employer Information

Provide detailed information for each activity listed in Section III-a. The activity numbers in III-a. must correspond to the activity numbers listed in III-b.

Facility where the work was completed	DEP Verified	Applicant's employer when work was performed
Activity No. 1	Approved <input type="checkbox"/>	Company Name _____
Owner Name _____		Address _____
Facility Name _____		City _____
Pa Facility I.D. # _____		State _____ Zip _____
Address _____	Verified	Contact _____
City _____		Phone (____) _____ — _____
State _____ Zip _____		Verifying Official Signature _____
Owner Contact _____		Reported under PA certification ID . _____
Contact Phone (____) _____ — _____		
Facility Phone (____) _____ — _____		
Activity No. 2	Approved <input type="checkbox"/>	Company Name _____
Owner Name _____		Address _____
Facility Name _____		City _____
Pa Facility I.D. # _____		State _____ Zip _____
Address _____	Verified	Contact _____
City _____		Phone (____) _____ — _____
State _____ Zip _____		Verifying Official Signature _____
Owner Contact _____		Reported under PA certification ID . _____
Contact Phone (____) _____ — _____		
Facility Phone (____) _____ — _____		
Activity No. 3	Approved <input type="checkbox"/>	Company Name _____
Owner Name _____		Address _____
Facility Name _____		City _____
Pa Facility I.D. # _____		State _____ Zip _____
Address _____	Verified	Contact _____
City _____		Phone (____) _____ — _____
State _____ Zip _____		Verifying Official Signature _____
Owner Contact _____		Reported under PA certification ID . _____
Contact Phone (____) _____ — _____		
Facility Phone (____) _____ — _____		
Activity No. 4	Approved <input type="checkbox"/>	Company Name _____
Owner Name _____		Address _____
Facility Name _____		City _____
Pa Facility I.D. # _____		State _____ Zip _____
Address _____	Verified	Contact _____
City _____		Phone (____) _____ — _____
State _____ Zip _____		Verifying Official Signature _____
Owner Contact _____		Reported under PA certification ID . _____
Contact Phone (____) _____ — _____		
Facility Phone (____) _____ — _____		

Applicant Name _____

Facility where the work was completed	DEP Verified	Applicant's employer when work was performed
Activity No. 5 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
	Verified	
Activity No. 6 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
	Verified	
Activity No. 7 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
	Verified	
Activity No. 8 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
	Verified	

Applicant Name _____

Facility where the work was completed	DEP Verified	Applicant's employer when work was performed
Activity No. 9 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/> Verified <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
Activity No. 10 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/> Verified <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
Activity No. 11 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/> Verified <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____
Activity No. 12 Owner Name _____ Facility Name _____ Pa Facility I.D. # _____ Address _____ City _____ State _____ Zip _____ Owner Contact _____ Contact Phone (____) _____ — _____ Facility Phone (____) _____ — _____	Approved <input type="checkbox"/> Verified <input type="checkbox"/>	Company Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ Phone (____) _____ — _____ Verifying Official Signature _____ Reported under PA certification ID _____