



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

STORAGE TANK TRAINING COURSE APPROVAL APPLICATION

This application must be complete and accurate. Type or print legibly. If additional space is needed use a clean sheet of white paper upon which you must include the applicant name, and identify the section being continued.

OFFICIAL USE ONLY

Received _____ Approved ☐ Denied ☐ Returned ☐ Client ID# _____
Reviewed by _____ Date _____ Course Approval # _____

SECTION I – APPLICATION TYPE

☐ **INITIAL** Approval (First time applying under Chapter 245)

☐ **AMENDMENT** (Change information previously submitted)

Client ID# _____

☐ **RENEWAL** (Required every 3 years)

If **amending** or **renewing** an existing training course

Course ID# _____

SECTION II – APPLICANT INFORMATION

Applicant Type Code _____ Federal Tax ID# (EIN) or SSN _____

Company or Individual's Name _____

Address _____

City _____ State _____ Zip +4 _____ Country _____

Company Contact Name _____
Last First MI Suffix

Phone (____) ____ - ____ Ext ____ Fax (____) ____ - ____

Company Email Address _____

SECTION III – COURSE INFORMATION

Official Course Title _____

Does this training course **target** individuals seeking:

- ☐ **INITIAL** Category Certification
☐ Category Certification **RENEWAL**
☐ **UST Operator** Training

Underground Tanks

☐ **UMR** ☐ **UMX** ☐ **UTT**

Aboveground Tanks

☐ **AMMX** ☐ **AMNX** ☐ **AMEX** ☐ **AFMX** ☐ **ACVL** ☐ **AMR** ☐ **AFR**

UST Operator Training

☐ **CLASS A** ☐ **CLASS B** ☐ **CLASS A & B**

SECTION IV – INSTRUCTOR INFORMATION

Provide the information requested for each training course instructor. If you need additional space copy this page.

Instructor Last Name	First Name	MI	Suffix
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Title

Affiliation

Phone Number	Ext
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Professional Background (Education & Experience – Use space below if needed)

Instructor Last Name	First Name	MI	Suffix
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Title

Affiliation

Phone Number	Ext
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Professional Background (Education & Experience – Use space below if needed)

Instructor Last Name	First Name	MI	Suffix
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Title

Affiliation

Phone Number	Ext
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Professional Background (Education & Experience – Use space below if needed)

SECTION V – COURSE OUTLINE ATTACHMENTS

You must provide the following information as attachments to this application. Label the attachment "Course Outline" and type or print the applicant's name in the top right-hand corner of each attachment sheet. The Course Outline must include all of the following:

1. A description of the subject matter to be presented, to include a list of industry standards and regulations referenced ☐
 2. The order in which each topic will be presented ☐
 3. The amount of time dedicated to the presentation of each topic ☐
 4. The name of the instructor presenting each topic, and ☐
 5. The location where the training course will be conducted ☐
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SECTION VI – COURSE TEST DESCRIPTION ATTACHMENTS

You must provide the following information as attachments to this application. Label the attachment "Test Description" and type or print the applicant's name in the top right-hand corner of each attachment sheet. The Test Description must include all of the following:

1. A description of the preparation of the test, to include organization and format. ☐
 2. A description of the test content, including representative questions. The test must measure the participant's knowledge of the technical, administrative, and legal requirements related to the subject matter of the training course. ☐
 3. A description of the procedures for administering, monitoring and grading the test. ☐
 4. An indication of the passing score. This score must be achieved by the participant in order to receive a passing grade and certificate from the training provider. ☐
 5. A copy of the Certificate given to the participant upon successful completion of the training course. Successful completion means attendance at all sessions and attainment of a minimum passing grade. The Certificate must include the name of the participant, the course title, the name of the training provider, course approval number, the date the training was completed, the date the certificate expires, and the signature of the training course provider. ☐
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SECTION VII – CERTIFICATION

I understand that final approval of the training course may, at the discretion of the department, involve a presentation of the training course to the department by the applicant. In addition, the department may audit the approved training course to ensure adherence to the material submitted in this application.

I certify under penalty of law as provided in 18 PA C.S.A. §4904 (relating to unsworn falsification to authorities) that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Typed or printed name of applicant _____ Title _____

Signature _____ Date _____