



Waste Management and Remediation Division  
 Tanks, Brownfields and Federal Facilities Bureau  
 Underground Storage Tank Section  
 PO Box 200901  
 Helena, MT 59620-0901  
 P: (406) 444-5300

**APPLICATION FOR UNDERGROUND STORAGE TANK  
INSTALLER/REMOVER OR REMOVER**

**My application is for a license to conduct Underground Storage Tank (please check only one license type):**

**Installer and Remover License: Installations, Repairs, Modifications, and Closures**

**Remover License: Closures only**

PLEASE TYPE OR PRINT CLEARLY:

LAST NAME		FIRST NAME		MIDDLE
EMPLOYER NAME			ADDRESS	
CITY			STATE	ZIP
WORK PHONE			CELL OR MOBILE PHONE	
BIRTHDATE			E-MAIL ADDRESS	
HOME ADDRESS AND PHONE NUMBER (OPTIONAL)				

LIST CURRENT AND PAST EMPLOYERS WITH WHOM YOU PERFORMED UST INSTALLATIONS, CLOSURES, OR OTHER RELATED UST WORK:

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	DATE(S) EMPLOYED

Have you ever been cited for violations of state and federal underground storage tank laws or have had a similar license suspended or revoked in Montana, another state, or U.S. territory?    Yes    No

If Yes, Please explain:

LIST ANY TRAININGS, SEMINARS, SCHOOLS OR COURSES THAT YOU HAVE ATTENDED CONCERNING UST INSTALLATIONS, CLOSURES, OR OTHER WORK:

TITLE	PRESENTED BY	DATE(S)

**SUBMIT THREE (3) REFERENCES FROM PEOPLE WHO ARE FAMILIAR WITH YOUR UST WORK OVER THE LAST THREE (3) YEARS. COMPLETE THE REFERENCE FORMS PROVIDED WITH THIS APPLICATION.**

FOR INSTALLER/REMOVER LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST THREE (3) UST SYSTEM INSTALLATIONS AND TWO (2) CLOSURES. **SEE REFERENCE FORM FOR DEFINITION OF AN UST SYSTEM.**

FOR REMOVER ONLY LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST THREE (3) CLOSURES.

IN A NARRATIVE FORMAT, BRIEFLY DESCRIBE THE TYPE OF UNDERGROUND STORAGE TANK WORK YOU CONDUCT. USE A SEPARATE SHEET OF PAPER IF NEEDED. (FOR EXAMPLE, TANK AND PIPE INSTALLATIONS, CLOSURE AND REMOVAL OF TANKS, ETC.) INCLUDE LOCATION(S) OF UST WORK.

PLEASE LIST THE TOTAL NUMBER YEARS OF EXPERIENCE WITH UST WORK:

I UNDERSTAND THAT I MAY BE REQUIRED TO SUPPLY ADDITIONAL DATA IF REQUESTED BY THE UST SECTION. INITIAL HERE

I PLAN TO TAKE THE EXAMINATION AT \_\_\_\_\_ ON \_\_\_\_\_.

**A non-refundable license fee of \$483 must be submitted with this application to the UST Program.**

**Email this completed form to: [dequstprogram@mt.gov](mailto:dequstprogram@mt.gov)**

Contact the DEQ for electronic payment. Make checks payable to the Montana Department of Environmental Quality - UST Section.

<b>The above information is true and correct to the best of my knowledge.</b>	
SIGNATURE OF APPLICANT:	Date: