



FOR DEPARTMENT USE ONLY	
\$ Rcvd	_____
License #	_____
Type	_____
	___ Approved ___ Denied
Date	_____

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 Helena, MT 59620-0901
 Phone: (406) 444-5300
 E-mail: dequstprogram@mt.gov

APPLICATION FOR RENEWAL OF UNDERGROUND STORAGE TANK INSTALLER/REMOVER, REMOVER, COMPLIANCE INSPECTOR OR CORROSION PROTECTION INSTALLER LICENSE

I, hereby, give notice of my intention to apply for renewal of my inspector license. I am not requesting any change to the license conditions.

PLEASE TYPE OR PRINT CLEARLY

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

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:

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