

State of Montana
 Department of Environmental Quality
 UST Section
 PO Box 200901
 Helena, MT 59620-0901
 Phone: (406) 444-5300
 E-mail: ustprogram@mt.gov

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

**APPLICATION FOR UNDERGROUND STORAGE TANK INSTALLER/REMOVER, REMOVER,
 CORROSION PROTECTION INSTALLER, EXTERNAL LEAK DETECTION INSTALLER OR LINER
 LICENSE**

My application is for a license to conduct underground storage tank (please check only one license type):

- Installations, Repairs, Modifications, and Closures**
- Closures only**
- Corrosion Protection Installation only**
- External Leak Detection Installation only**
- Lining Installation only**

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE
COMPANY NAME	ADDRESS	
CITY	STATE	ZIP
WORK PHONE	CELL OR MOBILE PHONE	
BIRTH DATE		HOME PHONE# (OPTIONAL)
HOME ADDRESS (OPTIONAL)		E-MAIL ADDRESS

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

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	DATE 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 TRAINING SEMINARS, SCHOOLS OR COURSES THAT YOU HAVE ATTENDED CONCERNING UST INSTALLATIONS, CLOSURES, OR OTHER WORK:

TITLE	PRESENTED BY	DATE(S)

HAVE AT LEAST 3 PEOPLE WHO ARE FAMILIAR WITH YOUR UST WORK FROM THE LAST THREE 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 UST SYSTEM INSTALLATIONS AND TWO 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 3 CLOSURES. FOR CP INSTALLERS, EXTERNAL LEAK DETECTION INSTALLERS AND LINING INSTALLERS, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN AT LEAST 2 INSTALLATIONS PERTAINING TO THE LICENSE TYPE.

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, CLOSE AND REMOVE TANKS, ETC.)

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. _____
INITIALS

I PLAN TO TAKE THE EXAMINATION AT DEQ/HELENA ON _____.
DEQTESTDATE

A non-refundable license fee of \$100 must be submitted with this application.

Make check payable to the Montana Department of Environmental Quality.

The information in this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTARY SECTION

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____, this year _____

Notary: _____

My commission expires: _____