



State of Montana  
 Department of Environmental Quality  
 PO Box 200901  
 Helena, MT 59620-0901  
 Phone: (406) 444-5300  
 Email: [ustprogram@mt.gov](mailto:ustprogram@mt.gov)

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

**APPLICATION FOR RENEWAL OF UNDERGROUND STORAGE TANK  
 INSTALLER/REMOVER, REMOVER, CORROSION PROTECTION INSTALLER,  
 EXTERNAL LEAK DETECTION INSTALLER OR LINER 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 NAME
_____	_____	_____

LOCAL GOVERNMENT UNIT OF EMPLOYMENT	ADDRESS
_____	_____

CITY	STATE	ZIP
_____	_____	_____

WORK PHONE	CELL PHONE	E-MAIL ADDRESS
_____	_____	_____

HOME ADDRESS AND PHONE NUMBER(OPTIONAL)

\_\_\_\_\_

LIST ANY CONTINUING EDUCATION CREDITS, TRAINING SEMINARS, COURSES ON INSPECTIONS OR COURSES ON UNDERGROUND STORAGE TANKS, RECENTLY ATTENDED:

TITLE	PRESENTED BY	DATE(S)

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:

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

<p><b>A non-refundable license renewal fee of \$100 must be submitted with this application.</b> Make check payable to the Montana DEQ/UST.</p>
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<p><b>The above information is true and correct to the best of my knowledge.</b></p>	
<p>SIGNATURE OF APPLICANT:</p>	<p>Date:</p>