



PO Box 200901
 Helena, MT 59620-0901
 Phone: (406) 444-5300
 E-mail: DEQUESTPROGRAM@mt.gov

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

APPLICATION FOR RENEWAL OF UNDERGROUND STORAGE TANK INSTALLER/REMOVER, REMOVER, COMPLIANCE INSPECTOR, or CORROSION PROTECTION INSTALLER
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 complete electronically. Email form to the UST Program when complete.

LAST NAME		FIRST NAME		MIDDLE
EMPLOYER NAME			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: