



**APPLICATION FOR UNDERGROUND STORAGE TANK CATHODIC PROTECTION
INSTALLER LICENSE**

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

CATHODIC PROTECTIN INSTALLER LICENSE

PLEASE TYPE OR PRINT CONTACT INFORMATION 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 CATHODIC PROTECTION
INSTALLATIONS, REPAIRS, TESTING, OR OTHER 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:

Date Completed	Prerequisites for UST Cathodic Protection Installer License (submit certifications with application)
	Tank Helper Class A and B Operator
	NACE Cathodic Protection Certification
	Highest Level of NACE Certification

LIST ANY OTHER TRAINING SEMINARS, SCHOOLS OR COURSES THAT YOU HAVE ATTENDED CONCERNING UST CATHODIC PROTECTION OR OTHER WORK RELATED TO UNDERGROUND STORAGE TANKS.

TITLE	PRESENTED BY	DATE(S)

HAVE AT LEAST 3 PEOPLE WHO ARE FAMILIAR WITH YOUR UST WORK FROM THE LAST TWELVE MONTHS COMPLETE THE REFERENCE FORMS PROVIDED WITH THIS APPLICATION.

FOR CP INSTALLER LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN CP INSTALLATION AT LEAST THREE FACILITIES.

IN A NARRATIVE FORMAT, BRIEFLY DESCRIBE THE TYPE OF UNDERGROUND STORAGE TANK WORK YOU HAVE PERFORMED. USE A SEPARATE SHEET OF PAPER IF NEEDED. (FOR EXAMPLE, CP TESTING, CP INSTALLATION, ETC.)

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

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

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

Make check payable to the Montana Department of Environmental Quality - UST Section

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