



State of Montana
Dept. of Environmental Quality
Waste and Underground Tank Management Bureau
PO Box 200901
Helena, Montana 59620-0901
(406) 444-5300 • FAX: (406) 444-1374
Office Location: 1520 East 6th Ave, Helena, MT

APPLICATION FOR UNDERGROUND STORAGE TANK COMPLIANCE INSPECTOR

A **Compliance Inspector** is a private sector inspector who is licensed by the Dept. of Environmental Quality to conduct inspections of underground storage tank facilities to determine compliance with the Montana Underground Storage Tank Act and the rules adopted thereunder.

Type or Print Clearly:

1. Full Name:				
<i>Last</i>		<i>First</i>		<i>Middle</i>
2. Residence:				
Mailing Address		City	State	Zip
Phone:		Cell Phone:		
Email:				
3. Business:				
Mailing Address		City	State	Zip
Phone:		Cell Phone:		
Email:				
4. Send Mail to My: (check one)		5. Birth Date: ____/____/____		
Residence				
Business				

6. **List current and past employers for whom you worked performing UST and/or inspection related work. List name of present employer first. (State if self-employed.)**

Name of Employer	Address, City, State, Zip	Years Employed	
		From	To

7. Have you been cited for violations of state and/or federal underground storage tank laws and have had a similar license suspended or revoked in this state, another state or U.S. territory? __Yes__No

If yes, explain:_____

8. List any training seminars, schools, or courses on underground storage tank installations, closures, or inspections that you have attended.

School/Sponsor	Course Name	IssuingAgency

9. List three people who are familiar with your work, and whom you can ask to complete the reference forms provided with this application.

Reference Name	Complete Address	Phone Number

10. I understand that I may be required to supply additional data if requested. _____
(Initials)

**11. A NON-REFUNDABLE LICENSE APPLICATION FEE OF \$100 MUST
BE SUBMITTED WITH THIS APPLICATION.**

**Make check payable to:
Montana Department of Environmental Quality
PO Box 200901 Helena, MT 59620-0901**

I hereby certify that the information contained in this application is true and correct.

IF YOU RECEIVE A LICENSE, DO YOU WANT YOUR NAME, COMPANY NAME, ADDRESS, AND PHONE NUMBER DISPLAYED ON DEQ'S LICENSEE REPORTS AS DISPLAYED ON DEQ'S WEBSITE?

YES

NO

Signature of Applicant:_____

Notary Information:

State of _____

County of _____

Subscribed and Sworn to before me this

_____ day of _____, 20____

Notary Public Signature

Residing at_____

My Commission expires_____