



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

**APPLICATION FOR UNDERGROUND STORAGE TANK  
INSTALLER/REMOVER OR REMOVER**

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

**Installations, Repairs, Modifications, and Closures**

**Closures only**

PLEASE TYPE OR PRINT 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 INSTALLATIONS, CLOSURES, 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:

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.

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 at (LOCATION), CLOSE AND REMOVE TANKS at (LOCATION), ETC.

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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 (init).

I PLAN TO TAKE THE EXAMINATION AT \_\_\_\_\_ ON \_\_\_\_\_.

**A non-refundable license fee of \$100 must be mailed with a copy of this application to the UST Program.**

Make check payable to the Montana Department of Environmental Quality

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

Please email this form directly to: Montana Department of Environmental Quality UST Section at [dequstprogram@mt.gov](mailto:dequstprogram@mt.gov)