



**MONTANA UNDERGROUND STORAGE TANK PROGRAM
INSTALLER/REMOVER LICENSE APPLICATION REFERENCE FORM**

**PLEASE TYPE OR PRINT CLEARLY. PLEASE BE SPECIFIC AS TO DATES, LOCATION, AND WORK COMPLETED.
ATTACH ADDITIONAL SHEETS AS NEEDED.**

This reference form is for _____, who is applying for a license to perform work on underground storage tank systems. The applicant is applying for the following license:

- Installer & Remover
 Remover

This reference attests to the above applicant's professional experience, and competency. I understand that licensure will authorize the applicant to be responsible for installation and/or removal of facilities that store liquid petroleum or hazardous chemical products. I recognize that the health and safety of Montana's people, water supplies and environment are dependent on licensing only the most competent and conscientious persons for this work. I, therefore, understand my responsibility for completing this form accurately.

Reference's Name: _____

Address: _____

Phone: (____) _____ Cell Phone: (____) _____

Relationship to applicant (check all that apply):

- Former Employer Co-worker Supervisor Customer Friend
 Other (please specify) _____

I have known the applicant from _____ to _____.
Month/Year Month/Year

I can personally attest to the following work the applicant conducted concerning underground storage tanks:

Underground Storage Tank Facility Name & Address:

Date(s) work was conducted:

For an **installer/remover license** the applicant must demonstrate applicable experience for each component of an UST system installation. An UST "system" is separated into five components (**tanks, piping, spill, overfill and corrosion protection**). The applicant must also demonstrate applicable experience for an UST system closure (**tanks/pipe installations and site assessment**).

Please check the boxes below that apply.

System Install

System Closure

Tanks	Piping	Spill	Overfill	Corrosion Protection

Tanks	Piping	Site Assessment

Work was _____ satisfactory _____ unsatisfactory

Comments: _____

___ I consider the applicant to be qualified for an Underground Storage Tank License.

___ I do not consider the applicant to be qualified for an Underground Storage Tank License.

Signed: _____ Date: _____

Please mail this form directly to: Montana Department of Environmental Quality
UST Section
PO Box 200901
Helena, MT 59620-0901