



**APPLICATION FOR UNDERGROUND STORAGE TANK JUNIOR INSTALLER LICENSE**

In accordance with ARM 17.56.1403, The UST Program has instituted a Junior Installer License that will permit a worker that may have less experience in the UST industry to install, replace, repair, or modify spill prevention devices, containment sumps used for interstitial monitoring of piping, and overflow prevention equipment to meet the requirements of ARM 17.56.306(1) and ARM 17.56.401(2). Licensees must have the necessary training, testing equipment, manufacturers' certifications, and experience to perform that work.

PLEASE TYPE OR PRINT CONTACT INFORMATION CLEARLY:

|  |  |            |                      |        |
|--|--|------------|----------------------|--------|
| LAST NAME                                |  | FIRST NAME |                      | MIDDLE |
| EMPLOYERNAME                             |  |            | 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, TESTING, OR OTHER UST WORK (Must have a minimum of 6 months of employment with a UST service company that has Montana Licensed individuals):

| NAME OF EMPLOYER | ADDRESS, CITY, STATE, ZIP | DATE(S) EMPLOYED |
|------------------|---------------------------|------------------|
|                  |                           |                  |
|                  |                           |                  |
|                  |                           |                  |

Have you ever been cited for violations of state or 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 Testing License (Submit copies of certifications with this application)**

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- PEI RP 1200 Online Test
- Veeder Root Safety Course
- Franklin Fueling Safety Course
- Veeder Root ATG Technician
- FFS Compliance Testing Online Course
- Tank Helper II Class A and Class B Operator

LIST ANY TRAININGS, SEMINARS, SCHOOLS OR COURSES THAT YOU HAVE ATTENDED CONCERNING UST INSTALLATIONS, CLOSURES, TESTING OR OTHER WORK:

| TITLE | PRESENTED BY | DATE(S) |
|-------|--------------|---------|
|       |              |         |
|       |              |         |
|       |              |         |

**SUBMIT TWO (2) REFERENCES FROM PEOPLE WHO ARE FAMILIAR WITH YOUR UST WORK FROM THE LAST SIX (6) MONTHS. COMPLETE THE REFERENCE FORMS PROVIDED WITH THIS APPLICATION.**

FOR JUNIOR INSTALLER LICENSES, THESE REFERENCES MUST DOCUMENT THAT YOU HAVE PARTICIPATED IN INSTALLING OR REPAIRING OF LISTED APPLICABLE UST EQUIPMENT AT FIVE (5) OR MORE UST FACILITY LOCATIONS (I.E. AT LEAST FIVE) INCLUDING THREE (3) CONTAINMENT SUMPS, FIVE (5) SPILL BUCKETS, THREE (3) DROP TUBE SHUT OFF DEVICES, ONE (1) OVERFILL ALARM, AS WELL AS THE REMOVAL OF ONE (1) BALL FLOAT VENT VALVE.

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, TANK AND PIPE INSTALLATIONS, CLOSURE AND REMOVAL OF TANKS, COMPLIANCE TESTING, ETC.)

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 (INITIAL HERE) .

**A non-refundable license fee of \$483 must be submitted with this application.**

**Email this application to: [dequstprogram@mt.gov](mailto:dequstprogram@mt.gov)**

Contact the DEQ for electronic payment. Make checks payable to the Montana Department of Environmental Quality - UST Section.

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