|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UST CERTIFIED WORK APPLICATION**  INDIVIDUAL CERTIFICATION  Please print or type. Failure to answer all questions may cause your application to be rejected. | | | | | | | | |
| **Return to: Department of Environmental Quality**  **Office of Environmental Assessment**  **USTRD – Financial Services**  **Post Office Box 4303**  **Baton Rouge, LA 70821-4303** | | | | | **STATE USE ONLY**  **AI Number:**  **Reviewed by:**  **Date Reviewed:**  **Approved:**  **Deficiencies:** | | | |
| 1. **PERSONAL** | | | | | | | | |
| Name: (last, first, and middle) Ms.  Mr. | | | | | Date of Birth: | | | |
| Mailing Address (street name, P.O. Box or rural route and box number) | | | | | | | | |
| City/Town: | | | State: | | | | Zip Code: | |
| Daytime Telephone Number:  (     )       - | | | E-Mail Address: | | | | | |
| 1. **TYPE OF CERTIFICATION REQUESTED:**   Installation/Repair  Closure  Installation/Repair/Closure  Test Date: | | | | | | | | |
| 1. **WORK EXPERIENCE** (Start with your present or last job and work back)   The information provided in Part C of this application will be used to determine if an applicant has the required two years of experience in UST work or UST related work. Give brief, but complete, descriptions of your duties for the jobs shown. Also, estimate the percentage of time spent performing each duty. RESUMES ARE NOT ACCEPTABLE. If additional space is needed to list all jobs, copy Section C. NOTE: Subsection b must be completed if you are using UST related work to qualify for certification. Work that is NOT considered UST related includes plumbing, construction of wastewater treatment plants, earth moving work and general construction work. | | | | | | | | |
| **Section 1**   1. Date of Employment (month/day/year) From:       To:   Employer’s Name:  Employer’s Address:  Employer’s Telephone Number: (     )       -       Position Title: | | | | | | | | |
| **Percentage of time Spent Performing Each Duty** | **Briefly describe the duties performed while in this position:**  **Average Number of hours worked weekly:** | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| 1. **Persons performing UST related work – in the area below, indicate why the work you have performed should be considered closely related to UST work.** | | | | | | | | |
| Application for Underground Storage Tank Worker Certification page 2 of 4 | | | | | | | | |
| 1. **WORK EXPERIENCE CONTINUED** | | | | | | | | |
| **Section 2**   1. Date of Employment (month/day/year) From:       To:   Employer’s Name:  Employer’s Address:  Employer’s Telephone Number: (     )       -       Position Title: | | | | | | | | |
| **Percentage of time Spent Performing Each Duty** | **Briefly describe the duties performed while in this position:**  **Average Number of hours worked weekly:** | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| 1. **Persons performing UST related work – in the area below, indicate why the work you have performed should be considered closely related to UST work.** | | | | | | | | |
|  | | | | | | | | |
| **Section 3**   1. Date of Employment (month/day/year) From:       To:   Employer’s Name:  Employer’s Address:  Employer’s Telephone Number: (     )       -       Position Title: | | | | | | | | |
| **Percentage of time Spent Performing Each Duty** | **Briefly describe the duties performed while in this position:**  **Average Number of hours worked weekly:** | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| 1. **Persons performing UST related work – in the area below, indicate why the work you have performed should be considered closely related to UST work.** | | | | | | | | |
|  | | | | | | | | |
| **Application for Underground Storage Tank Worker Certification** page 3 of 4 | | | | | | | | |
| 1. **UNDERGROUND STORAGE TANK (UST) JOB REFERENCES**   Note: This section is not applicable to those individuals using equivalent work experience or a civil or mechanical engineering degree to qualify for an examination.   * If you are applying for an installation/repair certificate, you must list a minimum of five UST installations/repair jobs (three of the five jobs must be installations) in which you actively participated. These five jobs (UST work performed at separate location) must have been performed after December 22, 1988. * If you are applying for a closure certificate, you must list a minimum of five UST closure jobs in which you actively participated. These five jobs (UST work performed at separate locations) must have been performed after December 22, 1988 * If you are applying for an installation/repair/closure certificate, you must address both items listed above. | | | | | | | | |
| **For Whom Performed** | | **Type and Location of Jobs Performed** | | | | | | **Period of time when work was performed** |
| 1a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 1b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 1c. From (month/day/year):    To (month/day/year): |
| 2a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 2b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 2c. From (month/day/year):    To (month/day/year): |
| 3a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 3b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 3c. From (month/day/year):    To (month/day/year): |
| 4a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 4b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 4c. From (month/day/year):    To (month/day/year): |
| 5a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 5b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 5c. From (month/day/year):    To (month/day/year): |
| 6a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 6b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 6c. From (month/day/year):    To (month/day/year): |
| **Application for Underground Storage Tank Worker Certification** page 4 of 4 | | | | | | | | |
| 1. **UNDERGROUND STORAGE TANK (UST) JOB REFERENCES (COTINUTED)** | | | | | | | | |
| 7a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 7b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 7c. From (month/day/year):    To (month/day/year): |
| 8a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 8b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 8c. From (month/day/year):    To (month/day/year): |
| 9a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 9b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 9c. From (month/day/year):    To (month/day/year): |
| 10a. Name of UST Owner/Operator:    Mailing Address:      Contact Person:    Telephone Number:  (     )       - | | 10b. Physical Location of the Job:      Repair  Installation  Closure | | | | | | 10c. From (month/day/year):    To (month/day/year): |
| 1. **EDUCATION SUBSTITUTION** 2. Are you using a civil or mechanical engineering degree from a recognized college or university to qualify for certification?   Yes  No   1. If yes, attach a copy of a diploma or provide records indicating that a degree has been obtained in civil or mechanical engineering from a recognized college or university. | | | | | | | | |
| 1. **CERTIFICATION**   **I certify under penalty of law that all statements, answers and representations in this application, including all supplementary information attached hereto, are true and accurate; and acknowledge that any false information submitted on my behalf and verified by my signature is cause to have a certificate denied or revoked by the Department of Environmental Quality.** | | | | | | | | |
|  | | | |  | |  | | |
| **Signature of Applicant** | | | |  | | **Date** | | |
| **IMPORTANT**  **In order for an individual to qualify for an examination, they must first submit this application and be determined eligible by the Underground Storage Tank and Remediation Division for testing. In addition, an examination fee of $146 (for each examination taken) must accompany this application for Underground Storage Tank Worker Certification. The check or money order should be made payable to the Department of Environmental Quality and mailed (with the completed application) to : LDEQ, Office of Environmental Compliance, USTRD-Financial Services, P.O. Box 4303, Baton Rouge, LA 70821-4303.**  **Any questions you may have regarding the UST Worker Certification program may be directed to the USTRD Division at (225) 219-3678.** | | | | | | | | |