LOUISIANA UNDERGROUND STORAGE TANK

WORKER CERTIFICATION EXAMINATION REGISTRATION FORM

2024 TESTING SCHEDULE

 **IMPORTANT**

An application (Form UST-CC-1) must be received by the Underground Storage Tank Division at least thirty (30) days prior to the testing date. This testing schedule form cannot be completed until Form UST-CC-1 has been submitted to the Underground Storage Tank Division. A renewal form (UST-CC-3) with a renewal fee is required to be submitted if taking the exam in lieu of CE.

Please check below for each test you wish to take.

Thursday, January 11, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

Thursday, March 7, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

Thursday, May 2, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

Thursday, July 11, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

Thursday, Sept. 12, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

Thursday, Nov. 7, 2024 [ ]  Installation/Repair Exam - 8:30 am [ ]  Closure Exam - 1:30 pm

 602 North Fifth Street

 Baton Rouge, LA 70802

**THE FEE OF $146 PER EXAMINATION MUST BE REMITTED WITH THIS FORM.**

I understand that should I need to cancel the scheduled testing, I must notify the Underground Storage Tank Division no later than one week (7 days) prior to the scheduled testing date. I will be ineligible for reimbursement of the examination fee if I fail to cancel the scheduled testing. Please wait for an exam confirmation letter to ensure that you are scheduled to take the exams.

[ ]  Check here if you are taking this examination to recertify. Renewal Form and fee required.

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| Signature of Individual to be tested |  | Telephone Number (Please Include Area Code) |
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|       |  |       |
| Name of Individual to be tested (Please Print) |  | Fax Number (Please Include Area Code) |
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|       |
| Name of Employer |  |  |
|       |
| Employer’s Address |  |  |

RETURN THIS FORM AND REQUIRED FEES TO LDEQ, OFFICE OF ENVIRONMENTAL ASSESSMENT-UST DIVISION-Financial Services, P.O. BOX 4303, BATON ROUGE, LA 70821-4303.Form UST-CC-4 Revised Oct. 9, 2019