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) |
|  |  |  |
|  | | |
| 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