

State Water Resources Control Board



Division of Water Quality

1001 I Street, Sacramento, California 95814 ♦ (916) 324-7493 Mailing Address: P.O. Box 2231, Sacramento, California 95812 FAX (916) 341-5808 ♦ Internet Address: http://www.waterboards.ca.gov

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR TANK TESTER LICENSE

(Rev. 7/06)

Application fee: \$100 Examination fee: \$200

FOR OFFICE USE ONLY Application #

Please use this application form to apply for a tank tester license. When you have completed the form, please send it to: State Water Resources Control Board, Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Sean Farrow. Please include the following with your application:

- Check or money order for \$300, made payable to *State Water Resources Control Board*. (This amount includes the application and examination fees.)
- Two 1" by 1" color photographs (head only).

| APPLICANT INFORMATION Last Name | First Name | Middle Initial |
|---------------------------------|------------|----------------|
| Street Address | | |
| City, State, Zip | | Telephone |
| Email Address | | |
| EMPLOYER INFORMATION | | |
| Company Name | | |
| Street Address | | Telephone |
| City, State, Zip | | |
| Email Address | | Fax |

| TANK TESTING EQUIPMENT INFORMATION Equipment Manufacturer | Please include the information regarding the tank testing equipment you use. If you use more than one type of equipment, please list all. | |
|--|---|--|
| Equipment Model | | |
| Date of Manufacturer's Training Certificate | | |
| LINE (PIPE) TESTING EQUIPMENT INFORMATION Equipment Manufacturer | | |
| Equipment Model | | |
| Date of Manufacturer's Training Certificate | | |

Please enclose copies of all current manufacturers' training certificates.

| DOCUMENTATION OF EXPERIENCE | |
|---|--|
| Your experience must include one full year as a tank storage tank (UST) systems, or six months as a tank and completion of an approved course of study. | |
| In addition to completing this section, you must also Experience" completed by someone who is willing to should return the completed form to you for inclusion experience from more than one employer, please att | attest to your experience. The declarant with this application. If you are claiming |
| Company name, address, and telephone | Description of work performed (Number of tanks tested, type of equipment used, name of immediate supervisor, etc.) |
| | |
| | |
| | |
| | |
| From (date): | |
| To (date): | |
| In accordance with section 2761(a) of the California C Tester Licensing may require additional information, e would support the application for licensure. | evidence, statements, or documents that |
| The information requested on this application is requi | red pursuant to Health and Safety Code |

The information requested on this application is required pursuant to Health and Safety Code Section 25284.4 and will be used to determine the applicant's eligibility for licensure. The Chief of the Division of Water Quality, State Water Resources Control Board is responsible for maintaining the information supplied on this application. The authority for maintaining the information is in Health and Safety Code Chapter 6.7, Section 25284.4. The information may be given to other government agencies. Individuals have the right to review the records maintained about them unless the records are exempted by Section 1798.40 of the Civil Code.

| APPLICANT CERTIFICATION | |
|-------------------------------------|---|
| I DECLARE UNDER PENALTY OF PERJUR' | Y THAT THE INFORMATION I HAVE SUPPLIED ON |
| THIS APPLICATION IS TRUE AND CORREC | CT TO THE BEST OF MY KNOWLEDGE. |
| | |
| | |
| Applicant signature | Date |