



(For office use only)

CK # _____

Amt. _____

If you are seeking renewal of your certification as an On-Site Supervisor, complete and return this form and required attachments to the address below along with a non-refundable check for \$100 payable to: *State of Delaware*

Department of Natural Resources and Environmental Control

Tank Management Section

391 Lukens Drive, New Castle, DE 19720

Renewal Application for Delaware Underground Storage Tank Certification
Class A (On-Site Supervisor)

Print neatly or type

Check type of certification you wish to renew, add, or delete (see instructions for details).

	RENEW	ADD	DELETE
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrofit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Information: Certification Number: A _____

Name: _____
Last First M.I.

Home Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Do you have current UST certification in another state? Yes: No:
If yes, list state, certification number, and expiration date for each: _____

Have you ever had certification denied, suspended, or revoked in another state?
Yes ☐ No ☐ If yes, please attach details to application.

Have you ever had disciplinary action, including fines, against your UST certification by an agency of any state? Yes ☐ No ☐ If yes, please attach details to application.

Current Employer Information: Employer Certification Number: B _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Ext: _____ Fax: () _____

Mobile: () _____

E-mail: _____

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for denial or revocation of certification.

Signature: _____

Date: _____

Name: _____

Cert. # A _____

DELAWARE UST SUPERVISOR CERTIFICATION RENEWAL

DOCUMENTATION OF RELEVANT TRAINING

Insert the appropriate related activity code letter for each course you claim as relevant training.

Installation (I)

Retrofit (R)

Closure (C)

Attach a copy of your course completion certificate for each course listed.

Courses may be considered if field work requirements are not met. Courses must relate to UST certification activities to be considered in lieu of field work and must be within the past two (2) years.

List most recent course first. Include any OSHA 1910.120 training or refresher.

Activity	Course Name	Location or School Name	Hours	Date Taken

I hereby certify that the information provided on this document is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for denial or revocation of certification.

Signature: _____

Date: _____

Note: Please review this application for completeness. You will be notified of the results of our review. If you have any problems or questions with this application you may call the Tank Management Section Office at (302) 395-2500.

THIS FORM MAY BE REPRODUCED AS NECESSARY

Name: _____

Cert. # A_____

DELAWARE UST SUPERVISOR CERTIFICATION RENEWAL

DOCUMENTATION OF EXPERIENCE

Check UST **activity** for which you are documenting on-site experience:
Installation (I) Retrofit (R) Closure (C)

*Check only **one** (1) activity per Documentation of Experience form.
Attach separate copy for each activity.*

Document current experience for six (6) sites for each activity for which you want to renew your certification. All experience must be within **two** (2) years of date of application. Complete a separate Document of Experience form for each **activity** you are documenting. List Delaware activities first. For *date completed*, give month and year (ex: May 12, 2004 = 5/04). If employer has not changed, mark "SAME" after initial documentation. Heating fuel tanks less than 1100 gallons may not be counted as experience.

UST Facility activity completed for:

Applicant's employer when activity completed:

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____
1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B_____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____
2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____
1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B_____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____
2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

Continued on p. 4

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____

1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B _____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____

2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____

1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B _____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____

2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____

1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B _____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____

2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

Owner Name: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Contact Phone: () _____
Number of tank(s) in project: _____ Date completed: _____

1. Tank capacity: _____ Product: _____
3. Tank capacity: _____ Product: _____

Company Name: _____
Delaware UST Certification # B _____
Address: _____
City: _____ State: _____ Zip: _____
Company Contact: _____
Contact Phone: () _____

2. Tank capacity: _____ Product: _____
4. Tank capacity: _____ Product: _____

I hereby certify that the information provided on Attachment A is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for denial or revocation of certification.

Signature: _____

Date: _____