

(for office use only)	
CK #	
Amt	

Department of Natural Resources and Environmental Control Tanks Compliance Branch 391 Lukens Drive New Castle, DE 19720 (302)395-2500

DNRECTanksCompliance@delaware.gov

https://dnrec.alpha.delaware.gov/waste-hazardous/tanks/

Complete this form if you are seeking individual certification as an on-site supervisor for UST work in Delaware. Print neatly or type. Return completed form to the address above along with your non-refundable check for \$100.00 made payable to: "State of Delaware".

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

Ту	be of Certification Requested:	ation	t Closure	
Na	me:			
Но	me Mailing Address:			
— Cit	y: State:	Zip:	Phone: ()	
En	ail Address:			
	Have you ever been denied or had UST Co Yes No If YES, attack Are you certified for UST work in another	n detail to this applicat	tion.	below.
3.	Certification Information: a. State Number Certified for: Installation b. State Number	☐ Retrofit ☐	Closure	
	Certified for: Installation		_	
	c. State Number Certified for: \Boxed Installation		_	
4.	Present Employer	(list	details under references, P.2)	

5. Is your employer certified in Delaware?	Name:								
7. If YES to #6, list state(s)	5. Is your employer certified in Delaware ?			Yes	□No				
UST Experience: Circle how many of each of the following you have done in the past two years. Installation: NONE LESS THAN 10 10-25 MORE THAN 25 Retrofit: NONE LESS THAN 10 10-25 MORE THAN 25 Closure: NONE LESS THAN 10 10-25 MORE THAN 25 References for UST work: List relevant employment and work history in field of Underground Storage Tanks with most recent experience first. Attach supplemental sheet if necessary. Present Employment: Address:	6. Is your employer cert	ified in any oth	er state?	Yes	□No				
Circle how many of each of the following you have done in the past two years. Installation: NONE LESS THAN 10 10-25 MORE THAN 25 Retrofit: NONE LESS THAN 10 10-25 MORE THAN 25 Closure: NONE LESS THAN 10 10-25 MORE THAN 25 Closure: NONE LESS THAN 10 10-25 MORE THAN 25 References for UST work: List relevant employment and work history in field of Underground Storage Tanks with most recent experience first. Attach supplemental sheet if necessary. Present Employment: Address: City: State: Zip:	7. If YES to #6, list st	7. If YES to #6, list state(s)							
Retrofit: NONE	•								
Closure: NONE LESS THAN 10	Installation:	NONE	LESS THA	N 10	10-25	MORE THAN 25			
References for UST work: List relevant employment and work history in field of Underground Storage Tanks with most recent experience first. Attach supplemental sheet if necessary. Present Employment: Address: City: State: Zip:	Retrofit:	NONE	LESS THA	N 10	10-25	MORE THAN 25			
List relevant employment and work history in field of Underground Storage Tanks with most recent experience first. Attach supplemental sheet if necessary. Present Employment:	Closure:	NONE	LESS THA	N 10	10-25	MORE THAN 25			
Address: City: State: Zip: Phone: (List relevant employment and work history in field of Underground Storage Tanks with most recent								
City: State: Zip:									
Phone: ()	Address:	Ct - t - ·	7:						
Job Title: Name of Supervisor:			Zip: _			.:1.			
Name of Supervisor: Dates of employment: Start: To:						all:			
Dates of employment: Start: To: Mo/Yr UST Experience: Mo/Yr Mo/Yr Company: Address: City: State: State: Zip: Phone: Output Dates of employment: UST Experience: Company: Address: City: State: Zip: Phone: Output Dates of employment: State: Zip: Dates of employment: State: Job Title: Name of Supervisor: Dates of employment: Statt: To: Dates of employment: To: Dates of employment: Statt: To: Dates of employment: To: Dates of employment: Dates of employment:	Name of Supervisor:								
Company:									
Company:	Dates of employment:	Start:		To:					
Address: City: State: Zip: Phone: () Job Title: Name of Supervisor: To: UST Experience: Company: Address: State: Zip: City: State: Zip: Phone: () Job Title: Name of Supervisor: Dates of employment: Start: To:	Dates of employment:	Start:	Yr	To:	Mo/Yr				
Address: City: State: Zip: Phone: () Job Title: Name of Supervisor: To: UST Experience: Company: Address: State: Zip: City: State: Zip: Phone: () Job Title: Name of Supervisor: Dates of employment: Start: To:	Dates of employment:	Start:Mo/	Yr	To:	Mo/Yr				
Address: City: State: Zip: Phone: () Job Title: Name of Supervisor: To: UST Experience: Company: Address: State: Zip: City: State: Zip: Phone: () Job Title: Name of Supervisor: Dates of employment: Start: To:	Dates of employment:	Start:Mo/	Yr	To:	Mo/Yr				
City:	Dates of employment: UST Experience:	Start:Mo/	Yr	To:	Mo/Yr				
Phone: ()	Dates of employment: UST Experience: Company:	Start:Mo/	Yr	To:	Mo/Yr				
Job Title: Name of Supervisor: Dates of employment: Start: To: UST Experience:	Dates of employment: UST Experience: Company: Address:	Start:Mo/	Yr	То:	Mo/Yr				
Name of Supervisor: Dates of employment: Start: To: UST Experience: Company: Address:	Dates of employment: UST Experience: Company: Address: City:	Start: Mo/	Yr	То:	Mo/Yr				
Dates of employment: Start:	Dates of employment: UST Experience: Company: Address: City: Phone: ()	Start: Mo/	Yr Zip: _	To:	Mo/Yr				
Company:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title:	Start: Mo/	Yr Zip: _	To:	Mo/Yr				
Address:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor:	Start: Mo/	Yr Zip: _	To:	Mo/Yr				
Address:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment:	Start: State:	Yr Zip: _	To:	Mo/Yr				
City: State: Zip: Phone: ()	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment:	Start: State:	Yr Zip: _	To:	Mo/Yr				
Job Title: Name of Supervisor: Dates of employment: Start: To:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company:	Start: Mo/	Yr Zip: _	To:	Mo/Yr				
Job Title: Name of Supervisor: Dates of employment: Start: To:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company: Address: City: City:	Start: State: State:	Yr Zip: _	To:	Mo/Yr				
Name of Supervisor: Dates of employment: Start: To:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company: Address: City: Phone: ()	Start: State: State:	Zip: _	To:	Mo/Yr				
	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title:	Start: State: State:	Zip:	To:	Mo/Yr				
UST Experience:	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor:	Start: State: State:	Zip: _	To:	Mo/Yr				
	Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment: UST Experience: Company: Address: City: Phone: () Job Title: Name of Supervisor: Dates of employment:	Start: State: Start:	Zip: _	To:	Mo/Yr				

Relevant Training: List all formal training for UST activities for which you are seeking certification and any related safety training. List any certification training by manufacturers for installation of their products. List most current training first. Include any OSHA 40 hour training that meets 40 CFR 1910.120 requirements and any subsequent refresher training. Attach copies of training certificates.						
	Course Title	Location	Date	Hours Credit		
1.						
2.						
3.						
4.						
5.						
6.						
Statement by Applicant: I do verify that I have read Part G, Contractor Certification of Delaware's <i>Regulations Governing Underground Storage Tank Systems</i> and agree to abide by all applicable rules and regulations promulgated by the Department of Natural Resources and Environmental Control.						
Affirmation: I do hereby affirm that the information provided by me is true and accurate to the best of my knowledge. I understand that false statements are grounds for denial or revocation of any certification issued.						
Signed:	Signed: Date:					
NOTE: Please review the application for completeness. <i>Incomplete applications will not be processed</i> . You will be notified of the results after review of the application. If you have any questions about this						

application, you may call the Tanks Compliance Branch at (302) 395-2500.

Name: