



(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.delaware.gov/waste-hazardous/tanks/>**

**Complete this form if you are seeking Company certification for UST work in Delaware. Print neatly or type. Return completed form to the address above along with your non-refundable check for \$250.00 made payable to: "State of Delaware".**

*\* In addition, submit a "Class A" application for the person named below who will take the exam for the company*

**Application for Delaware Underground Storage Tank Certification  
Class B (Company)**

Type of Certification Requested: ☐ Installation ☐ Retrofit ☐ Closure  
(check one or more)

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Name of President or Owner \_\_\_\_\_

List all other Principal officers of this company and their title

Name	Title
_____	_____
_____	_____
_____	_____

2. Name of person who will be taking exam for company \* \_\_\_\_\_

3. Above named person's position within company \_\_\_\_\_

4. Has this company or any Principal of this company ever been denied or had UST Certification suspended or revoked in any state? ☐Yes ☐No (If YES, attach details to this application)

5. Has any government agency taken disciplinary action, including but not limited to fines, against this company or any Principal of this company, for violations associated with UST activities?  
☐Yes ☐No (If YES, attach details to this application)

6. Is this company certified for UST activities in another State? ☐ Yes ☐ No  
(If YES, fill in information below)

Certification Information: (*must attach copies of Certificates*)

a. State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for: ☐ Installation ☐ Retrofit ☐ Closure

b. State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for: ☐ Installation ☐ Retrofit ☐ Closure

c. State \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Certified for: Installation Retrofit Closure

7. Delaware Business License # \_\_\_\_\_ (attach copy) 8. Federal Tax ID # \_\_\_\_\_

9. Any other applicable licenses or certificates - attach copies (ie: DE Waste Hauler)

10. Environmental Lab for sample analyses: \_\_\_\_\_

**INSURANCE:** (*must attach copy of Certificate of Insurance*)

11. General Liability Insurance amount (minimum of \$1,000,000)

12. Contractor's Pollution Liability Insurance (minimum of \$250,000)

**UST Experience:**

Circle how many of each of the following your company has done in the past two years. You may only count work performed on Federally regulated USTs or Heating Oil tanks > 1,100 gallons.

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:**

1. Provide a minimum of three (3) for each type of certification requested
2. Work must have been within past 18 months
3. Must be of type for which certification is requested

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Describe type of UST work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (      ) \_\_\_\_\_  
Describe type of UST work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement by Company Officer:

I, as an Officer of the above named company, do verify that I have read Part G, Contractor Certification, of Delaware's *Regulations Governing Underground Storage Tank Systems* and agree to abide by all applicable rules and regulations promulgated by the Department of Natural Resources and Environmental Control, Tanks Compliance Branch (the Department).

I also verify that any person employed by this company on any UST installation, retrofit, or closure will be provided with a copy of Part G, Contractor Certification, and will be required to abide by all applicable rules and regulations promulgated by the Department.

Affirmation:

I, as an Officer of the above named company, 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: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Office: \_\_\_\_\_

*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 Tanks Compliance Branch at (302) 395-2500.*