



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. 03/15)

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 the 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)

Form with sections: APPLICANT INFORMATION (Last Name, First Name, Middle Initial, Street Address, City, State, Zip, Email Address, Telephone #) and EMPLOYER INFORMATION (Company Name, Street Address, City, State, Zip, Email Address, Telephone #, Fax #, Company Contact)

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

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Documentation of Experience	
<p>Your experience must include one full year as a tank tester having tested at least 50 underground storage tank (UST) systems, or six months as a tank tester having tested at least 50 UST systems and completion of an approved course of study.</p> <p>In addition to completing this section, you must also enclose a "Certificate in Support of Experience" completed by someone who is willing to attest to your experience. The declarant should return the completed form to you for inclusion with this application. If you are claiming experience from more than one employer, please attach a separate sheet for each employer.</p>	
<p>Company name, address, and telephone</p> <hr/> <p>From (date): _____</p> <p>To (date): _____</p>	<p>Description of work performed</p> <p>(Number of tanks tested, type of equipment used, name of immediate supervisor, etc.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

In accordance with section 2761(a) of the California Code of Regulations, Office of Tank Tester Licensing may require additional information, evidence, statements, or documents, which would support the application for licensure.

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 Clean Water Programs, State Water Resources Control Board is responsible for maintaining the information supplied on this application. The authority for maintaining the information is in Chapter 6.7, Section 25284.4, Health and Safety Code. 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	
<p>I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.</p>	
<p>Applicant Signature</p>	<p>Date</p>