



**IOWA DEPARTMENT OF NATURAL RESOURCES  
UNDERGROUND STORAGE TANK PROFESSIONAL LICENSING  
INDIVIDUAL**

(Reference Chapter 134 of the Iowa Administrative Code)

<b>CASHIERS USE ONLY</b> 0253-542-USTI-0435 Individual ID# Applicant Name
--

Mark type of license(s) you wish to receive with an "x"

- INSTALLER**
- INSTALLATION INSPECTOR**
- TESTER** (Tank/Line Tightness)
- CP TESTER** (Cathodic Protection)   
(Must have NACE or STI certification)
- LINER**
- REMOVER**

	<b>Subtotal:</b>	<b>\$200</b>
Plus <b>\$150 COMPLIANCE INSPECTOR</b> (initial Application Fee) (Must first be an Iowa-licensed Installer or Installation Inspector)	+	_____
Plus <b>\$50 COMPLIANCE INSPECTOR</b> (Renewal Fee)	+	_____
Plus <b>\$50 Late Fee</b> (After Dec 31)	+	_____
<b>Total Amount of Check/Money Order: (attached)</b>	\$	_____

A non-refundable check or money order payable to "Iowa Department of Natural Resources" must accompany each application.

**APPLICANT INFORMATION:** (Please Print Clearly)

Applicant Name: \_\_\_\_\_  
 Individual ID #: \_\_\_\_\_  
 (issued by DNR)

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

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

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**EMPLOYER INFORMATION:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Company Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Is this application in response to a previous denial of certification under 567- Chapter 134 of the Iowa Administrative Rules?

Yes  No If yes, explain:

Have you ever received a notice of violation, been under suspension, been part of a consent order and agreement, or been issued an Administrative Order?  Yes  No If yes, explain:

If this is a request for a renewal license, have you completed your biennial continuing education requirements?  Yes  No

**Please indicate course title, organization and date completed AND attach a Certificate of Completion for each.**

COURSE TITLE	ORGANIZATION	DATE COMPLETED	CEUs EARNED

List other professional registrations and license that you currently hold that relate to underground storage tanks (ie: engineer, plumber, electrician, etc.) Please include out-of-state licenses.

CERTIFICATION OR LICENSE TYPE	LICENSE NUMBER	ISSUING AGENCY	STATE	DATE ISSUED

Have any of the above licenses or registrations ever been suspended or revoked?  Yes  No

If yes, please explain:

**LIST THE UST SYSTEM MANUFACTURERS BY WHOM YOU HOLD CURRENT CERTIFICATION AND THE EQUIPMENT FOR WHICH YOU HAVE BEEN CERTIFIED** (ie: Modern Welding, Veeder Root, Xerxes, Pisces-OPW, etc.) **Please attach certificate or approval for each:**

Manufacturer/Company	Equipment	Expiration Date

What type of work do you currently perform (ie: installer, tester, liner, inspector?) \_\_\_\_\_

How many years have you performed this work? \_\_\_\_\_

How many years have you worked in the petroleum equipment industry? \_\_\_\_\_

Who is your supervisor, and how might he/she be contacted (phone, email, etc.)? \_\_\_\_\_

Have you had any legal actions or formal complaints lodged against you as a result of your UST work?  Yes  No

If yes, please explain:

DO YOU OR YOUR EMPLOYER HAVE AT LEAST \$1,000,000 OF POLLUTION LIABILITY INSURANCE IN EFFECT FOR ALL LICENSED INDIVIDUALS?  Yes  No

Name of Insurer: \_\_\_\_\_

**Note: A copy of current policy and certificate of insurance MUST be on file in our office, or it will need to be provided with this application.**

I hereby certify that the statements made in this application and all attached documents are true and accurate to the best of my knowledge. I understand that any statement made by me that is not accurate may serve as grounds to invalidate any certificate.

\_\_\_\_\_  
Signature of the Applicant (in ink)

\_\_\_\_\_  
Date

**APPLICATION FEE:**

A non-refundable check or money order payable to the Department of Natural Resources must accompany each renewal application. Remit these fees, completed application, and required information to:

**Iowa Department of Natural Resources  
Underground Storage Tank Section  
503 E 9<sup>th</sup> Street  
Des Moines IA 50319-0034  
515-725-8322 or 515-725-8310**