

IOWA DEPARTMENT OF NATURAL RESOURCES



Underground Storage Tank Section
Wallace State Office Building
502 E Ninth Street
Des Moines, IA 50319-0034

APPLICATION FOR
COMPANY or SOLE PROPRIETOR LICENSE

APPLICATION TYPE: [] \$200 - Incorporated, Partnership or Joint Venture [] \$200 - Sole Proprietor
A non-refundable check or money order payable to the Department of Natural Resources must accompany each application.

If Sole Proprietor, Individual's ID# (issued by DNR): _____

Company Name (Sole Proprietors: please indicate the name of business): _____

Contact Person/Sole Proprietor: _____ Federal ID #: _____

Mailing Address: _____

City/State/Zip: _____

Company Telephone: (_____) _____ F A X: (_____) _____

E-Mail Address: _____

(Please Print Clearly)

The company, partnership, joint venture or sole proprietor must have at least \$1,000,000 per occurrence, as well as in the aggregate pollution liability insurance covering all licensed individuals under your employ. Certificate of Insurance is attached to this form: [] Yes

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:

WORK HISTORY:

Summarize the company's UST project history for the three largest and most recent tank jobs in Iowa.

Table with 3 columns: Site Name, Address, City; Description of Work; Date. Contains 3 empty rows for data entry.

WORK HISTORY (continued):

Please list the employees who are licensed for your company at this time:

Employee's Full Name	Iowa DNR Certification No.	Certification Type(s) (i.e., Installer, Compliance Inspector, Tester, Liner, etc.)

If you need additional room, please attach an extra sheet providing names, certification numbers and types of licenses.

If applying as a Sole Proprietor, please answer the following questions:

List the UST system manufacturers by whom you have been certified or approved and hold current certification (i.e., Modern Welding, Veeder Root, Xerxes, Pisces/FlexWorks-OPW, Environ, etc.) and the equipment for which you have been certified (please attach certificate or approval notice for each):

Manufacturer/Company	Equipment	Certification Date(s)

If you need additional room, please attach an additional listing providing names and types of licenses.

Your Social Security Number: _____

What type of work do you currently perform (i.e., Installer, Compliance Inspector, Tester, Liner, etc.)?

How many years have you performed this work? _____

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

Have you met the experience requirements and passed the exam? Yes No

I haven't yet completed the exam, but would like to schedule the exam with the Iowa DNR.

I haven't yet completed the exam, but would like to schedule the exam with PMMIC.

Please enclose a certificate of successful completion (if not completed through the DNR)

This section must be completed by the applicant's authorized signature of a principal partner, director, officer or owner):

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 false or misleading information may result in failure to obtain certification or the subsequent revocation of my company certification [567--134.16(455B)].

Name (*Print*): _____

Signature of Applicant (*In Ink*)

_____/_____/_____
Date

The Department reserves the right to request additional information necessary to determine whether the issuance of a certification conforms to 567--Iowa Administrative Code Chapter 134.

Retain a copy of completed application and all attachments for your records, and mail the application, all attachments, and check/money order payable to "Iowa DNR" to:

Iowa Department of Natural Resources
Underground Storage Tanks Section
Wallace State Office Building
502 E Ninth Street
Des Moines, IA 50319-0034
515/281-8865
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