



IOWA DEPARTMENT OF NATURAL RESOURCES

Underground Storage Tank Section

502 E 9<sup>th</sup> Street

Des Moines IA 50319-0034

CASHIERS USE ONLY
0253-542-USTI-00-0435
Individual ID #
Federal ID #

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.

Please Print Clearly

If Sole Proprietor, Individual's ID# (Issued by DNR): \_\_\_\_\_

Company Name (Sole Proprietors: please indicate name of business): \_\_\_\_\_

Contact Person/Sole Proprietor: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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 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, please 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, please 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

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

Table with 3 columns: Employee's Full Name; Iowa DNR Certification No.; Certification Type(s) (ie: 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 (ie: 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.

What type of work do you currently perform (ie: 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)

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

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

**Total Amount of Check/Money Order (attached): \$200**

**This section must be completed by the applicant's authorized signature or 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 of the subsequent revocation of my company certification [567-134.16(455B)].

_____ Printed Name	_____ Signature of Applicant (In Ink)	_____ Date
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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 you records, and **mail the application, all attachments, and check/money order payable to "Iowa DNR" to:**

Iowa Department of Natural Resources  
Underground Storage Tank Section  
502 E 9<sup>th</sup> Street  
Des Moines IA 50319-0034  
515-777-8539  
[Bonnie.Garrison@dnr.iowa.gov](mailto:Bonnie.Garrison@dnr.iowa.gov)