



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.

