



(for office use only)
CK # _____
Amt. _____

Complete and return this form to the address below along with your nonrefundable check for \$250.00 made payable to: "State of Delaware"

Department of Natural Resources and Environmental Control
Tank Management Section
391 Lukens Drive
New Castle, DE 19720

** In addition, submit a "Class A" application for the person named below who will take the exam for the company. No additional fee is required for that application.*

Application for Delaware Underground Storage Tank Certification Class B (COMPANIES)

Type of Certification Requested: Installation Retrofit Closure
(check one or more)

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

1. Name of President or Owner _____

List all other Principal officers of this company and their title

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

2. Name of person who will be taking exam for company * _____

3. Above named person's position within company _____

4. Has this company or any Principal of this company ever been denied or had UST Certification suspended or revoked in any state? Yes No (If YES, attach details to this application)

5. Has any government agency taken disciplinary action, including but not limited to fines, against this company or any Principal of this company, for violations associated with UST activities?
 Yes No (If YES, attach details to this application)

Company Name: _____

6. Is this company certified for UST activities in another State? Yes No
(If YES, fill in information below)

Certification Information: (*must attach copies of Certificates*)

a. State _____ Number _____ Date Issued _____ Expires _____
Certified for: Installation Retrofit Closure

b. State _____ Number _____ Date Issued _____ Expires _____
Certified for: Installation Retrofit Closure

c. State _____ Number _____ Date Issued _____ Expires _____
Certified for: Installation Retrofit Closure

7. Delaware Business License # _____ (attach copy) 8. Federal Tax ID # _____

9. Any other applicable licenses or certificates - *attach copies* (ie: DE Waste Hauler)

INSURANCE: (*must attach copy of Certificate of Insurance*)

10. General Liability Insurance amount (minimum of \$1,000,000)

11. Contractor's Pollution Liability Insurance (minimum of \$250,000)

UST Experience:

Circle how many of each of the following your company has done in the past two years. You may only count work performed on Federally regulated USTs or Heating Oil tanks > 1,100 gallons.

Installation	NONE	LESS THAN 10	10-25	MORE THAN 25
Retrofit	NONE	LESS THAN 10	10-25	MORE THAN 25
Closure	NONE	LESS THAN 10	10-25	MORE THAN 25

References for UST work:

1. Provide a minimum of three (3) for each type of certification requested
2. Work must have been within past 18 months
3. Must be of type for which certification is requested

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Describe type of UST work: _____

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Describe type of UST work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

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Describe type of UST work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Describe type of UST work: _____

Company Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Describe type of UST work: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Describe type of UST work: _____

Statement by Company Officer:

I, as an Officer of the above named company, do verify that I have read Part G, Contractor Certification, of Delaware's *Regulations Governing Underground Storage Tank Systems* and agree to abide by all applicable rules and regulations promulgated by the Department of Natural Resources and Environmental Control, TMS (the Department).

I also verify that any person employed by this company on any UST installation, retrofit, or closure will be provided with a copy of Part G, Contractor Certification, and will be required to abide by all applicable rules and regulations promulgated by the Department.

Affirmation:

I, as an Officer of the above named company, do hereby affirm that the information provided by me is true and accurate to the best of my knowledge, I understand that false statements are grounds for denial or revocation of any certification issued.

Signed: _____

Date: _____

Name: (Print) _____

Office: _____

Note: Please review this application for completeness. You will be notified of the results of our review. If you have any problems or questions with this application you may call the Tank Management Section Office at (302) 395-2500.