

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Oil Control Program

1800 Washington Boulevard, Suite 620 • Baltimore, Maryland 21230-1719
(410) 537-3442 • 1-800-633-6101 X 3442 • 410-537-3092 (fax) • mde.maryland.gov

UST OPERATOR TRAINING RECIPROCITY REQUEST FORM

Facility Owner Information

Owner Name:		Reason for Submitting this Form (Check One)
Owner Address:		<input type="checkbox"/> New/Addition of Designated Operator <input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date
Owner Email Address:		
Owner Telephone No.:		
Point of Contact Name.:		

Remove all previously registered Class A and/or Class B Operators for this facility and replace with the person listed below?
 Yes No

Designated Trained Operator Information (one Trained Operator per form)

Trained Operator's Name (Print):		Relation to UST Facility (Check One)
Class(es) of Operator:	<input type="checkbox"/> Class-A <input type="checkbox"/> Class-B	<input type="checkbox"/> Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
MDE Facility ID(s): (attach list if necessary)		
Trained Operator's Telephone No.:		
Trained Operator's Email Address:		
State that Operator Training Certificate was Obtained from:		
Trainer Name:		
Trainer Address:		
Trainer Contact Information: - Email Address - Telephone No.		
Expiration Date (if applicable):		
Certificate attached: (Must attach copy of certificate to this form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Acknowledgment (If you are both the owner and requester, please sign and date both lines)

I certify, under penalty of law, that the information provided in this application is true, accurate, and without misrepresentation and that I have reviewed and understand the Underground Storage Tank Compliance Outline, Underground Storage Tank Compliance Testing Schedule Fact Sheet and all Maryland specific regulations located in COMAR 26.10.02 — .11 and .16 related to UST compliance. I understand if MDE determines the facility for which I am designated Class A and/or Class B Operator is not in compliance with COMAR 26.10.02 — .11 and .16, the MDE may require me to attend a Maryland approved operator training course and submit the certification certificate.

Penalties for False Statements: Any person who makes any false statement, representation, or certification herein is subject to criminal penalties of a fine and imprisonment and civil monetary penalties, according to Section 4-417 of the Environment Article of the Annotated Code of Maryland.

Trained Operator Name (Print): _____

Signature: _____ Date: _____

I certify that the individual listed on this form will act as the designated certified Class A and/or Class B Operator(s) at the facility listed above and will perform all duties required for the specific Operator Class in COMAR 26.10.16.

Facility Owner Name (Print): _____

Signature: _____ Date: _____

SEND THIS FORM AND ALL CERTIFICATION DOCUMENTATION TO:

Maryland Department of the Environment
Oil Control Program / Certification Section
1800 Washington Blvd., Suite 620
Baltimore MD 21230-1719

Or

Melissa.wright@maryland.gov

Notice

This Notice is provided pursuant to the General Provisions Article § 4-501. Personal records. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.