

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Oil Control Program
1800 Washington Boulevard • Suite 620 • Baltimore Maryland 21230-1719
410-537-3442 • 800-633-6101 x3442 • 410-537-3092 (fax) • www.mde.maryland.gov

Underground Storage Tank Technician, Remover, and Inspector Certification Application

(print or type)

Applicant:

Name:

Social Security No:

Current Certification (if applicable): MDIC

___ Exp. Date:

Home Mailing Address:

Home Telephone:

Email:

I agree to have my home address published in order to receive educational information pertaining to underground storage tank related courses: *Yes* *No*

Employer:

Company Name:

Mailing Address:

Telephone:

Fax:

Type of Certification: (Submit with application documentation for continuing education and work performed). A UST Technician can also remove a UST and will not be issued a Remover Certificate.

Underground Storage System **Heating Oil Technician Certificate** (Heating oil USTs less than or equal to 2,000 gallons capacity, installation and removal)

Underground Storage System **Remover Certificate** (removal only, all USTs)

Underground Storage System **Technician Certificate** (installation, repair/upgrade and removal)

Underground Storage System **Inspector Certificate** (compliance inspections)

- For additional information on initial and renewal certification requirements, go to MDE *UST Certification Programs* link at:

http://mde.maryland.gov/programs/Land/OilControl/Pages/ustcertification_programs.aspx, under the heading: *Information & Applications: "Memo/Certification Fact Sheet"*.

Applying for: (check one only)

Testing for initial certification

Recertification Option A – Test

Recertification Option B – Continuing Education

Testing is provided on the second Tuesday of the month in Baltimore, Maryland. To schedule to take a test, you must call 72-hours in advance at (410) 537-3442. **PHOTO I.D. IS REQUIRED FOR ALL TESTS.** If you are not pre-registered and if all required information has not been provided to the Department in advance, you cannot take the test.

Initial certification and recertification technician, heating oil technician and remover applicants must complete the following table. Recertification option B inspector applicants must complete the following table. Initial certification and recertification option A technician, heating oil technician

and remover applicants must provide verifiable proof of direct involvement in six (6) or more UST system removals, installations, repairs or upgrades of UST systems within the past 36 months.

Recertification option B technician, heating oil technician and remover applicants must provide verifiable proof of direct involvement in six (6) or more UST system removals, installations, repairs or upgrades of UST systems within the past two years. **Recertification option B inspector applicants** must provide verifiable proof of having performed inspections at ten (10) or more facilities within the past two years. Please attach additional sites to the application.

| <i>MDE Facility I.D. or Name of Facility:</i> | <i>Complete Address:</i> | <i>Point of Contact: Telephone No.</i> | <i>Date Work/Inspection Performed:</i> | <i>Brief Description of work performed:</i> |
|---|--------------------------|--|--|---|
| <i>Site 1:</i> | | | | |
| <i>Site 2:</i> | | | | |
| <i>Site 3:</i> | | | | |
| <i>Site 4:</i> | | | | |
| <i>Site 5:</i> | | | | |
| <i>Site 6:</i> | | | | |
| <i>Site 7:</i> | | | | |
| <i>Site 8:</i> | | | | |

| <i>MDE Facility I.D. or Name of Facility:</i> | <i>Complete Address:</i> | <i>Point of Contact: Telephone No.</i> | <i>Date Work/Inspection Performed:</i> | <i>Brief Description of work performed:</i> |
|---|--------------------------|--|--|---|
| <i>Site 9:</i> | | | | |
| <i>Site 10:</i> | | | | |

- **Initial inspector applicants must complete the MDE Orientation Course.***
- **All recertification inspector applicants must complete an MDE Orientation or MDE Workshop within a two year period prior to the certification expiration date.***
- **All initial inspector applicants must attach their certificate from the Department approved training Course.****
- **All recertification option B inspector, technician, heating oil technician, and remover applicants must attach their certificate from the Department approved refresher training course.****

*The application will not be accepted if the applicant did not attend the MDE Orientation Course or MDE Workshop.

**The application will not be accepted without the certificates.

Please sign the relevant statement, attesting to your UST system experience.

Technician or Heating Oil Technician Initial Certification and Recertification Option A (testing) Applicant:

I certify that I have two years experience in UST system removals, installations, repairs, or upgrades within the last three (3) years with a company or organization that installs, removes, repairs, or upgrades UST systems.

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

MM/DD/YYYY

Initial Remover Certification Option A (testing) Applicant:

I certify that I have verifiable proof of direct involvement in a minimum of six UST system removals, installations, repairs, or upgrades within the last three (3) years with a company or organization that installs, removes, repairs, or upgrades UST systems.

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

MM/DD/YYYY

Technician, Heating Oil Technician or Remover Recertification-Option B (continuing education) Applicant:

I certify that I have verifiable proof of direct involvement in UST system removals, installations, repairs, or upgrades within the last two (2) years with a company or organization that installs, removes, repairs, or upgrades UST systems.

Applicant Signature: _____ Date:

Employer Signature: _____ Date:

MM/DD/YYYY

Inspector Recertification Option B Applicant (continuing education):

I certify that I have verifiable proof of performing inspections at 10 UST sites within the last 2 years.

Applicant Signature: _____ Date:

Employer Signature: _____ Date:

MM/DD/YYYY

I certify, under penalty of law, and in accordance with COMAR 26.10.06.02 — 26.10.06.09, that the information provided is true, accurate and I have verifiable proof of performing repairs, upgrades, installations, closures and for inspections as required for the certification being applied for.

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 to civil monetary penalties, pursuant to Section 4-417 of the Environment Article of the Annotated Code of Maryland.

Applicant Signature: _____ Date:

MM/DD/YYYY

Notice

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. 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.

SEND THIS FORM AND ALL CERTIFICATION DOCUMENTATION TO:

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