APPLICATION FOR UST OPERATOR CERTIFICATION

Please PRINT or TYPE **Date**:_____

Name of Applicant: (First)_____ (MI)____ (Last)_____

Birthdate:_____/____/_____

Mailing Address: _____

City: _____State:_____ Zip Code: _____ County_____

Home Phone: _____ Work Phone_____ Cell Phone_____

Email Address:_____

EXAM DATE:_____ LOCATION:_____

Circle one: Class A.....$25.00 Class B.....$25.00 Class A & B.....$50.00

List **all** facility names, addresses and ID numbers for which you will be the designated operator.

Facility Name	Facility Address	ADEQ Facility ID Number (required)

If you need additional space, please attach a list of all facilities with addresses and ID numbers

In order to have this application processed, the applicant must submit this form and a non-refundable exam fee at least one (1) week prior to the scheduled examination date. Make check or money order payable to the Arkansas Department of Environmental Quality.

Mail to: Arkansas Department of Environmental Quality
Regulated Storage Tanks Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

Applicant Name _____Applicant Signature _____
(print)

If you have any questions, please call Gene Little (501) 682-0997 or Janet Gay (501) 682-0993.