

## Arkansas UST-Individual License Application Instructions

An applicant for an Individual License shall provide the following information a minimum of **14 days** prior to taking the Arkansas UST License Exam. Failure to do so could result in a delay in the issuance of the license.

- a. Fully completed "Application for License" form including the job experience section which demonstrates that the applicant has had a minimum of **one year**, within the **three years** immediately prior to making the application, of field experience in the installation, repair, upgrade, closure and/or tightness testing of underground storage tanks.
- b. Three fully completed "Owner Reference Statement" forms provided by the Department. These forms should be returned directly to the Department by each individual reference.
  - i. Three forms should be completed by the **owners** or responsible persons you listed on the job experience page (second page of the application).

OR

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- ii. If you had a **previous employer for any of the experience you have listed** as a UST worker, he/she should complete one "Reference Statement." The other two "Reference Statement" forms should be completed by the owners or responsible persons you listed.
- c. An "Exam Reservation Form" with the date you wish to take the exam **circled**.
- d. A **nonrefundable check** or money order made payable to the Arkansas Department of Environmental Quality in the following amount:

UST Individual License to Install, Repair, Upgrade and/or Close...	\$150
UST License to Test.....	\$150
* UST Contractor with Dual Role Individual License.....	\$300
UST Contractor License.....	\$300
UST Company License to Test.....	\$300

\* Refer to *Arkansas Regulation 12.509*

- e. Mail completed Application Packet to:  

ADEQ  
Regulated Storage Tanks Division  
5301 Northshore Drive  
North Little Rock, AR 72118-5317
- f. For assistance, you may call the RST Licensing Coordinator at (501)682-0993.

**APPLICATION FOR UST-INDIVIDUAL LICENSE  
REGULATED STORAGE TANKS DIVISION  
ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY**

In order to have this application processed, the applicant must submit a non-refundable fee of one hundred fifty dollars (\$150) for a license or three hundred dollars (\$300) for both Installer and Tester licenses. Make check or money order payable to the Arkansas Department of Environmental Quality. You may mail your check and application to 5301 Northshore Drive, North Little Rock, AR 72118-5317. If you should have any questions, please call the RST Licensing Coordinator at (501) 682-0993.

**Please PRINT or TYPE**

Name of Applicant: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Secured Surety: Contractor/Company \_\_\_ Licensee \_\_\_ Date issued \_\_\_\_\_

**TYPE OF LICENSE:**

INSTALL       REPAIR       UPGRADE       CLOSE       TEST

**TESTER APPLICANTS ONLY:**

The applicant **must submit** to the Arkansas Department of Environmental Quality **proof** of the following:

1. Certification by the manufacturer that the testing method used by the applicant meets the federal performance standard as stated in 40 CFR 280.40 (a)(3), 280.43(c) and 280.44(b).
2. Any licenses, permits, certificates, etc., showing that the applicant has satisfactorily completed a training course in the use of each testing method listed below.

**List all tank and line testing methods to be used by the manufacturer's name and product name:**

If you have had a business or occupational license or certificate suspended or revoked, give the date and nature of the suspension/revocation. (License may not be issued if suspension or revocation was directly related to competency to install, repair, upgrade, close, or test Underground Storage Tanks.)



ARKANSAS  
Department of Environmental Quality

### EXAMINATION DATES FOR THE YEAR 2018

<b>JANUARY 18</b>	<b>JULY 19</b>
<b>FEBRUARY 15</b>	<b>AUGUST 16</b>
<b>MARCH 15</b>	<b>SEPTEMBER 20</b>
<b>APRIL 19</b>	<b>OCTOBER 18</b>
<b>MAY 17</b>	<b>NOVEMBER 15</b>
<b>JUNE 21</b>	<b>DECEMBER 20</b>

The licensing exam is given on the third Thursday of every month. If you are interested in taking the examination, please indicate by **circling one** of the above dates and return this schedule along with your completed application, disclosure statement, job experience form, job reference forms and a check or money order payable to ADEQ in the amount of \$150.00 at **least 14 days prior to the chosen exam date**.

Print your name and correct mailing address:

Name\_\_\_\_\_

Street Address or P.O. Box\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Telephone Number\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Completed forms should be mailed to the following address:

ADEQ  
Licensing Coordinator  
Regulated Storage Tanks  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

For additional information, contact the RST Licensing Coordinator **at (501) 682-0993**.

Applicant must demonstrate that he or she has had ONE YEAR within the three years immediately prior to making application, of field experience in the Installation, Repair, Upgrade, Closure, or Testing of Underground Storage Tanks. (Refer to ARKANSAS REGULATION 12, Chapter 5 or 6).

(Please complete all blanks except for ~~(state use only)~~)

PLEASE LIST REFERENCES

**1. Date of Project:** \_\_\_\_\_ Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_  
Facility Owner's Name: \_\_\_\_\_ Owner's email: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Facility Location and Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Nature of Project: \_\_\_\_\_  
Contractor/Company Name: \_\_\_\_\_ Contractor UST License #: \_\_\_\_\_  
Supervisor's Name (if other than yourself): \_\_\_\_\_ Phone: \_\_\_\_\_

~~(State Use Only)~~ Verified by phone with: \_\_\_\_\_ of \_\_\_\_\_ or verified by file \_\_\_\_\_

**2. Date of Project:** \_\_\_\_\_ Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_  
Facility Owner's Name: \_\_\_\_\_ Owner's email: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Facility Location and Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Nature of Project: \_\_\_\_\_  
Contractor/Company Name: \_\_\_\_\_ Contractor UST License #: \_\_\_\_\_  
Supervisor's Name (if other than yourself): \_\_\_\_\_ Phone: \_\_\_\_\_

~~(State Use Only)~~ Verified by phone with: \_\_\_\_\_ of \_\_\_\_\_ or verified by file \_\_\_\_\_

**3. Date of Project:** \_\_\_\_\_ Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_  
Facility Owner's Name: \_\_\_\_\_ Owner's email: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Facility Location and Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Nature of Project: \_\_\_\_\_  
Contractor/Company Name: \_\_\_\_\_ Contractor UST License #: \_\_\_\_\_  
Supervisor's Name (if other than yourself): \_\_\_\_\_ Phone: \_\_\_\_\_

~~(State Use Only)~~ Verified by phone with : \_\_\_\_\_ of \_\_\_\_\_ or verified by file \_\_\_\_\_

**4. Date of Project:** \_\_\_\_\_ Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_  
Facility Owner's Name: \_\_\_\_\_ Owner's email: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Facility Location and Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Nature of Project: \_\_\_\_\_  
Contractor/Company Name: \_\_\_\_\_ Contractor UST License #: \_\_\_\_\_  
Supervisor's Name (if other than yourself): \_\_\_\_\_ Phone: \_\_\_\_\_

~~(State Use Only)~~ Verified by phone with : \_\_\_\_\_ of \_\_\_\_\_ or verified by file \_\_\_\_\_

I hereby make application for license as required by APC&EC Regulation 12. In making this application, I certify that I am at least eighteen (18) years of age and that statements made herein are true to the best of my knowledge and belief. I further certify that I am familiar with and understand Regulation 12 and will comply with its requirements on any and all jobs involving installation, repair, upgrade, closure, or testing of an underground storage tank system.

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

By affixing my signature to this document, I am certifying that the above named individual is qualified to exercise responsible supervisory control over the UST work and will be physically present at all critical junctures.

\_\_\_\_\_  
NAME (TYPE OR PRINT)

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair; upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality  
Regulated Storage Tank Division

5301 Northshore Drive  
North Little Rock, AR 72118-5317

Applicant should provide this information:

For: \_\_\_\_\_ Present Employer: \_\_\_\_\_  
(Applicant's Name)

Address: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (if applicable)

Date Job was Performed: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of UST work done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner/Responsible Person of the above facility should provide the following information:

I recommend (or do not recommend) the above named person because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, certify that the statements made above are true to  
(Print your name)  
the best of my knowledge and belief.

Date: \_\_\_\_\_ (Signature of Owner/Responsible Person)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality  
Regulated Storage Tank Division

5301 Northshore Drive  
North Little Rock, AR 72118-5317

Applicant should provide this information:

For: \_\_\_\_\_ Present Employer: \_\_\_\_\_  
(Applicant's Name)

Address: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (if applicable)

Date Job was Performed: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of UST work done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Responsible Person of the above facility should provide the following information:

I recommend (or do not recommend) the above named person because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that the statements made above are true to  
(Print your name)  
the best of my knowledge and belief.

Date: \_\_\_\_\_ (Signature of Owner/Responsible Person)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality  
Regulated Storage Tank Division

5301 Northshore Drive  
North Little Rock, AR 72118-5317

Applicant should provide this information:

For: \_\_\_\_\_ Present Employer: \_\_\_\_\_  
(Applicant's Name)

Address: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (if applicable)

Date Job was Performed: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of UST work done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Responsible Person of the above facility should provide the following information:

I recommend (or do not recommend) the above named person because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that the statements made above are true to  
(Print your name)  
the best of my knowledge and belief.

Date: \_\_\_\_\_ (Signature of Owner/Responsible Person)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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**REFERENCE STATEMENT FROM PREVIOUS EMPLOYER/SUPERVISOR**

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

**Arkansas Department of Environmental Quality**  
Regulated Storage Tank Division  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**Applicant should provide this information:**

For: \_\_\_\_\_ Present Employer: \_\_\_\_\_  
(Applicant's Name)

Address: \_\_\_\_\_ Previous Employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (if applicable)

Date Job was Performed: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of UST work done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employer/Supervisor should provide the following information:**

I recommend (or do not recommend) the above named person because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, certify that the above named individual is qualified to  
(Print your name)

exercise responsible supervisory control over an underground storage tank: \_\_ installation,  
\_\_ repair, \_\_ upgrade, \_\_ closure, or \_\_ tightness test (if included) AND that the statements made  
above are true to the best of my knowledge and belief.

Date: \_\_\_\_\_  
(Signature of Owner/Responsible Person)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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# **INSTRUCTIONS FOR DISCLOSURE STATEMENT**

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

## **Exemptions:**

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

## **Exemptions continued:**

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, *et. seq.*;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000;**
- **Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, *et. seq.*);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;**
- **Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and**
- **Asbestos Certification Renewals, as defined in Regulation 21.**

**Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.**

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

## Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :

3. CITY, STATE, AND ZIPCODE:

4a. Applicant Type:

Individual       Corporate or Other Entity

4b. Reason for Submission:

Permit     License     Certification     Operational Authority

New Application     Modification     Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Division:

Air     Water     Hazardous Waste     Regulated Storage Tank     Mining     Solid Waste

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on \_\_\_\_\_

**6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)**

**7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant \* in the last ten (10) years including:**

- 1. Administrative enforcement actions resulting in the imposition of sanctions;**
- 2. Permit or license revocations or denials issued by any state or federal authority;**
- 3. Actions that have resulted in a finding or a settlement of a violation; and**
- 4. Pending actions.**

**(Attach additional pages, if necessary.)**

**8. List all officers of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**9. List all directors of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**10. List all partners of the Applicant. (Add additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

**16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.**

**18. VERIFICATION AND ACKNOWLEDGEMENT**

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

**DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.**

**COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:**

I, \_\_\_\_\_, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violation.

**APPLICANT**

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_