

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.

<u>Facility Name</u>	<u>Facility Address</u>	<u>Facility ID Number</u>

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

All the information on this application is true and correct to the best of my knowledge:

Print Name _____ Signature _____

If you have any questions, please call the RST Licensing Division at (501) 682-0993.