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GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Water Quality

1001 I Street, Sacramento, California 95814

Mailing Address: P.O. Box 2231, Sacramento, California 95812

Phone Number: (916) 324-7493

Internet Address: <http://www.waterboards.ca.gov>

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR CALIFORNIA TANK TESTER LICENSE

(Rev. 01/19)

Application Fee: \$100

Examination Fee: \$200

FOR OFFICE USE ONLY

Application # _____

This application form shall be used to apply for a California Tank Tester License. Please complete this form and return it to the **Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Sean Farrow** along with two (2) 1-inch by 1-inch color photographs, the application and examination fee of \$300 (check made payable to **State Water Resources Control Board**), and copies of all manufacturer certifications utilized for tank and pipe integrity testing. As part of the Application for California Tank Tester License, the applicant shall also include a signed Certificate(s) in Support of Experience.

APPLICANT INFORMATION

Last Name

First Name

Middle Initial

Email Address

Telephone Number

Street Address

City, State, Zip

EMPLOYER INFORMATION

Company Name

Company Contact

Email Address

Telephone Number

Street Address

City, State, Zip

FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

1001 I Street, Sacramento, CA 95814 | Mailing Address: P.O. Box 100, Sacramento, CA 95812-0100 | www.waterboards.ca.gov

TANK TESTING EQUIPMENT INFORMATION	Please include the information regarding the <u>tank testing</u> equipment you use. If you utilize more than one (1) type of equipment, please list all.
Equipment Manufacturer(s)	
Equipment Model(s)	
Date of Manufacturer Training Certificate(s) (Attach Certificate(s))	
PIPE TESTING EQUIPMENT INFORMATION	Please include the information regarding the <u>pipe testing</u> equipment you use. If you utilize more than one (1) type of equipment, please list all.
Equipment Manufacturer(s)	
Equipment Model(s)	
Date of Manufacturer Training Certificate(s) (Attach Certificate(s))	

DOCUMENTATION OF WORK EXPERIENCE

Your experience must include one (1) full year as a tank tester having tested at least 50 underground storage tank systems, **or** six (6) months as a tank tester having tested at least 50 underground storage tank systems and completion of an approved course of study.

In addition to completing this section, you must also enclose a signed Certificate(s) in Support of Experience completed by someone who is willing to attest to your experience. The declarant should return the completed form to you for inclusion with this application. If you are claiming experience from more than one (1) employer, please attach a separate sheet for each employer to document work experience.

Company Name**Company Contact****Email Address****Telephone Number****Street Address****City, State, Zip****Description of work performed** (Number of tanks tested, type or equipment used, name of immediate supervisor, etc.)**Employment Dates****From (date)****To (date)**

In accordance with section 2761(a) of the California Code of Regulations, Office of Tank Tester Licensing may require additional information, evidence, statements, or documents, which would support the application for licensure.

The information requested in this application is required pursuant to Health and Safety Code Section 25284.4 and will be used to determine the applicant's eligibility for a California Tank Tester License. The State Water Resources Control Board, Office of Tank Tester Licensing is responsible for maintaining the information supplied in this application. The authority for maintaining the information is in Chapter 6.7, Section 25284.4 of the Health and Safety Code. The information may be given to other government agencies. Individuals have the right to review the records maintained about them unless the records are exempted by Section 1798.40 of the Civil Code.

APPLICANT CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature**Date**