



State Water Resour

For Tank Tester application, please enter the following in the Application Number field. For last name with less than four letters, please use 0 (zero) as place holder(s):

- TA
- First four letters of the applicant's last name
- Month and Day the application was signed

Application Number = **TATHOM0215**

Mailing Address: P.O. Box 2231, Sacramento, California 95812
Fax (916) 341-5808 – Internet Address: <http://www.waterboards.ca.gov>



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR RENEWAL AND REINSTATEMENT OF TANK TESTER LICENSE

(Rev. 03/15)

Renewal fee: \$600
Reinstatement fee: \$200

Please use this application form to renew and reinstate an existing State of 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 1" by 1" color photographs, the renewal and reinstatement fee of \$800, and all updated certifications.

APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Thomas	John	
Street Address	City, State, Zip	
321 First Avenue	Townville, CA 12345	
Email Address	Telephone #	
John.Thomas@email.com	123-456-7890	

EMPLOYER INFORMATION

Company Name	
Street Address	City, State, Zip
Email Address	Telephone #
Fax #	Company Contact

APPLICATION FOR RENEWAL OF TANK TESTER LICENSE

The address and telephone numbers you list will be your address and telephone number of record and will be published in the Office of Tank Tester Licensing List of Licensed Tank Testers. All correspondence from the Office of Tank Tester Licensing will be sent to you at this address.

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

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	License number	Date