

# UTAH UST CONSULTANT APPLICATION

Applicant Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**FOR STATE USE ONLY**

Test Score: \_\_\_\_\_ Pass/Fail

Fee Processed: \_\_\_\_\_

Certificate No.: CC \_\_\_\_\_

Expiration Date: \_\_\_\_\_

[ ] Please do not put my employer name on the certificate and card.

## EXPERIENCE

Begin with present position and work back 7 years, listing appropriately related experience in underground storage tank release abatement, investigation, and corrective action. Submit a signed statement or other evidence demonstrating your experience.

	MONTH	YEAR	CURRENT EMPLOYER
From:			Address:
To:			Immediate Supervisor:
Total Time:			Position Held:  Duties of Position:

	MONTH	YEAR	EMPLOYER
From:			Address:
To:			Immediate Supervisor:
Total Time:			Position Held:  Duties of Position:

	MONTH	YEAR	EMPLOYER
From:			Address:
To:			Immediate Supervisor:
Total Time:			Position Held:  Duties of Position:

	MONTH	YEAR	EMPLOYER
From:			Address:
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Total Time:			Position Held:  Duties of Position:

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	MONTH	YEAR	EMPLOYER
From:			Address:
To:			Immediate Supervisor:
Total Time:			Position Held:  Duties of Position:

	MONTH	YEAR	EMPLOYER
From:			Address:
To:			Immediate Supervisor:
Total Time:			Position Held:  Duties of Position:

## EDUCATION

Submit college transcripts or other evidence demonstrating your education.

	SCHOOL/ LOCATION	DATES ATTENDED		TYPE OF DEGREE	COMPLETION DATE
		FROM	TO		
HIGH SCHOOL:					
COLLEGE:					
OTHER:					

## TRAINING

Include additional training if you wish any training to count towards meeting the education/experience requirements.

TRAINING COURSE SPONSOR/LOCATION	DATES ATTENDED		HOURS OF INSTRUCTION	CREDITS OR CEUS
	FROM	TO		
UST Consultant Course Equivalency – review of study guide				
Initial OSHA			40 Hours	
OSHA Renewal (most recent)			8 Hours	

## UST CONSULTANT EXAM

Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

## UTAH CERTIFICATION FEE

Date of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Please return completed application and fee to:

**Department of Environmental Quality  
Division of Environmental Response and Remediation  
Leaking Underground Storage Tank Section  
195 North 1950 West, 1<sup>st</sup> Floor  
Salt Lake City, Utah 84116**

*I hereby certify that the foregoing information is true and that I have read the certification requirements for UST Consultants in the Utah Admin. Code, Section R311-201. I have conformed, and will continue to conform to the eligibility requirements, including Occupational Safety and Health Agency training requirements and to the standards of performance as outlined in Sections R311-201-4 and R311-201-6, respectively. I understand that submission of false or misleading information in this application, or failure to comply with the applicable eligibility requirements and standards of performance may result in revocation of the certificate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_