



# State of Utah

Division of Environmental Response and Remediation

## UST Utah Third- Party B Inspector Registration Form

Division of Environmental Response and Remediation  
195 North 1950 West  
P.O. Box 144840  
Salt Lake City, Utah 84114-4840  
(801)536-4100

**Applicant Type:**  Initial or  Renewal Registration

- Step 1:** Fill out application completely. Incomplete applications are not accepted.
- Step 2:** Attach notarized citizenship form, copy of driver's license and training certificate. (Initial Applicant Only)
- Step 3:** Attach Utah Tank Tester Certification (see Tester application for registration details) or Utah Tank Installer Certification (see Installer application for registration details) or attach documentation of Inspector Training (Remover Training Certificate & Installer Training Certificate) and General Liability Insurance with limits of \$250,000.00.
- Step 4:** Pay \$60.00 registration fee online at [DERRpay.utah.gov](http://DERRpay.utah.gov) and print receipt to attach to application.
- Step 5:** Email application, supporting documents and receipt to [ustcertprogram@utah.gov](mailto:ustcertprogram@utah.gov) or mail to DERR, P.O. Box 144840, Salt Lake City, UT 84114-4840. **Application and payment must be submitted 5 days prior to exam date.**
- Step 6:** Choose exam date from available dates sent by [cqualls@utah.gov](mailto:cqualls@utah.gov) after receipt of application. Testing is offered first Tuesday of each month at 9:00 AM or the third Tuesday of each month at 2:00 PM.

Applicant Name: \_\_\_\_\_

Employer/Contractor Name: \_\_\_\_\_

Work Address: Street, City, State, Zip: \_\_\_\_\_

Employer Address: Street, City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Operator Training Date: \_\_\_\_\_ Organization Providing Training \_\_\_\_\_

Utah UST Installer or Utah UST Tester Certification # \_\_\_\_\_ OR Inspector Date: \_\_\_\_\_

Each UST facility must have three classes of operators (A, B, and C) to perform specific duties and help ensure that UST systems remain in compliance and protects human health and the environment. Please list all facilities you may be responsible for as B operator. (List additional facilities on back of this form). **Each facility should have ONLY ONE "Primary B" Operator. Do not check "Primary B" if you are a backup. If you are the Primary A or Primary B Operator, you will be required to be re-trained if any of the listed facilities are found to be out of compliance under UAC R311-201-12(k).**

Facility ID	Facility Name	Facility Address	Primary B
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby certify that the above information is true and that I have read the UST Operator Training and Registration requirements for Class A and B Operators in the Utah Administrative Code R311-201-12. I understand that submission of false or misleading information on this application may result in rejection of the registration.

Signature \_\_\_\_\_

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

**For State Use Only**

Registration # OB \_\_\_\_\_ Expiration Date \_\_\_\_\_

Training and Citizenship Form Confirmed: Yes or No

Date Passed \_\_\_\_\_ Date Fee Processed \_\_\_\_\_ Order # \_\_\_\_\_



## Proof of Citizenship

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Applicants for this certification or registration are required to provide proof of citizenship. Please complete the following:

- Fill out this form.
- Attach a copy of your government issued photo ID.
- Have this document notarized.

**OR**

- Check here to indicate you have previously submitted a citizenship form to the DERR.
- 

***Utah Department of Environmental Quality  
Certification Pursuant to UCA 63G-12-104***

I, \_\_\_\_\_, hereby certify under penalty of perjury that I am:  
Full Name

- A United States citizen. (must have copy of government issued photo ID attached)

**OR**

- A qualified alien as defined in 8 USC, Sec. 1641, and lawfully present in the United States.

Alien ID #: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Government Issued  
**PHOTO ID**

**(Place copy here)**  
(Driver's License, Passport, Permanent  
Resident Card, etc.)

(May attach copy)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_