



State of Utah
 Division of Environmental Response and Remediation
Utah UST Remover Certification Application

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 Certification

- Step 1:** Fill out application completely. Incomplete applications are not accepted.
- Step 2:** Attach notarized citizenship form, copy of driver's license and Remover training certificate and removal experience. (Initial Applicant Only)
- Step 3:** Attach **Financial Assurance** with limits of \$250,000.00.
- Step 4:** Pay \$225.00 certification fee online at DERRpay.utah.gov and print receipt to attach to application.
- Step 5:** Email application, supporting documents and receipt to 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 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: _____

Please do not put my employer's name on my certificate

UST Remover Training Date: _____ Organization Providing Training _____

UST REMOVAL EXPERIENCE

Please attach a letter, signed by your employer or immediate supervisor, detailing your UST removal experience. The letter must indicate that the applicant has actively participated in three UST removals. Include dates, locations, name(s), and phone number(s) of person(s) supervising the UST removals.

FINANCIAL ASSURANCE

Complete the Financial Assurance Agreement form on the back page. A current certificate of insurance or other approved form of Financial Assurance must be attached to this application. **The application WILL NOT be accepted without documentation of Financial Assurance.**

EMPLOYERS AGREEMENT

I hereby represent that the applicant named above is an employee and agree that as the employer of the applicant, I will satisfy the Financial Assurance requirements of R311-201-4 by one or more of the alternative Financial Assurance mechanisms described herein so long as the applicant is in my employ.

Employers Signature: _____ Date: _____

I hereby certify that the above information is true and that I have read the certification requirements for the UST Remover in the Utah Administrative Code Section R311-201. I will conform to the standards of performance as outlined in Section R311-201-6. I understand that submittal of false or misleading information on this application may result in revocation in the certificate.

Applicant Signature _____ Date: _____

For State Use Only

Registration # TR _____ Expiration Date _____
 Training and Citizenship Form Confirmed: Yes or No
 Date Passed _____ Date Fee Processed _____ Order # _____

Proof of Citizenship

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.
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***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: _____