



State of Utah
 Division of Environmental Response and Remediation
Utah Consultant Initial 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

- Step 1:** Fill out application completely. Incomplete applications are not accepted. Copy of most recent HAZWOPER certificate is required.
- Step 2:** Within 6 months prior to application, complete self study of the Consultant Certification Manual
- Step 3:** Include A signed statement or other evidence demonstrating 3 years within the past 7 years of related experience in UST Release abatement, investigation and corrective action or equivalent combination of appropriate education and experience (Resume)
- Step 4:** Bachelors or advanced degree in related field, professional engineering certificate, or professional geologist certificate (provide transcripts or copy of degree)
- Step 5:** Notarized Citizenship form with copy of driver's license
- Step 6:** Pay \$225.00 recertification fee (exam only)
- Step 7:** Email application 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 or course date.**

Applicant Name: _____

Address: Street City, State, Zip: _____

Contact Number: _____

Email Address: _____

Employer/Contractor Name : _____

Address: Street City, State, Zip: _____

Contact Number: _____

Email Address: _____

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

Consultant Initial Certification Fee \$225.00

I hereby certify that the above information is true and that I have read the certification requirements for the UST Groundwater and Soil Sampler 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

Certification # CC _____ Expiration Date _____

Training and Citizenship Form Confirmed: Yes or No

Date Passed _____ Date Fee Processed _____ Order # _____

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 | 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: |

EXPERIENCE CONT.

| | 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: |
| To: | | | Immediate Supervisor |
| Total Time: | | | Position Held: Duties of Position: |

EDUCATION

Submit college transcripts or other evidence demonstrating your education.

| | SCHOOL/ LOCATION | DATES ATTENDED FROM TO | | TYPE OF DEGREE | COMPLETION DATE |
|-----------------|---------------------|--|--|-------------------|--------------------|
| 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 FROM TO | | HOURS OF INSTRUCTION | CREDITS OR CEUS |
|--|--|--|-------------------------|-----------------------|
| UST Consultant Course Equivalency – review of study guide | | | | |
| Initial OSHA | | | 40 Hours | |
| OSHA Renewal (most recent) | | | 8 Hours | |

Please return completed application to Chelsea Qualls, Environmental Program Coordinator at
cqualls@utah.gov

OR

to the following address:
 DEQ DERR
 195 North 1950 West, 1st Floor
 Salt Lake City, Utah, 84116

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: _____