

UTAH UST INSPECTOR APPLICATION

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Certificate No.: TI _____

Expiration Date: _____

UST INSPECTION EXPERIENCE

Please fill out the "Local Health and State Joint UST Inspections" form on the back of this application.
The application will not be accepted without this information.

TRAINING

Organization Providing Training: _____

Training Date: _____ Exam Date: _____

Please return completed application to the following address:

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
DERR/UST SECTION
195 NORTH 1950 WEST, 1ST FLOOR
SALT LAKE CITY, UTAH 84116**

I hereby certify that the forgoing information is true and that I have read the certification requirements for the UST Inspector 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 in this application may result in revocation in the certificate.

Signature: _____ Date: _____

