



**Minnesota Pollution
Control Agency**
520 Lafayette Road North
St. Paul, MN 55155-4194

Contractor Certification Initial/ Upgrade/Renewal Application

Underground Storage Tank (UST) Program

Doc Type: Compliance Certification

I. Business Information (Please print or complete electronically)

Company name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Telephone: _____ Owner name: _____

Has this company done business under other name(s) during the last five years ☐ Yes ☐ No

If yes, please list the name(s): _____

Have you applied for Underground Storage Tanks (USTs) Contractor Certification with the
Minnesota Pollution Control Agency (MPCA) before? ☐ Yes ☐ No

If yes and you **were** certified, what is your Minnesota

UST Contractor Certification No.: _____

Disciplines: ☐ Install ☐ Repair ☐ Closure

MPCA Use Only

Contractor No.: _____

Discipline: ☐ Install
☐ Repair
☐ Closure

Upgrade: ☐ Install
☐ Repair
☐ Closure

Renew: ☐ Yes ☐ No

Fin. Assurance: ☐ Yes ☐ No

Check No.: _____

Expiration date: _____

Date approved/issued: _____

Date entered: _____

Date mailed: _____

II. Type(s) of Certification Requested

- ☐ **Installation:** Work involved in placing a UST in position and preparing it to be placed in service.
- ☐ **Repair:** Work involved as the correction, restoration, or upgrading of a tank system or related equipment (e.g., repairing a hole in a tank or relining a tank).
- ☐ **Closure:** Permanently taking a UST out of service by closing it in place, removing it from the ground, or converting it to store a nonregulated substance.

III. Work History

- A. Summarize the company's UST project history for the three most recent tank jobs in Minnesota. Include the largest storage tank project and its cost. (Do not include any remedial action costs.)

Site name, address, city	Type of project	Description of work	Date (mm/dd/yy)	Cost	MPCA Use Notified
	<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

- B. Has your certification, license or other authorization to perform tank services ever been revoked or suspended or are/were enforcement actions related to tank services pending against you in any jurisdiction? ☐ Yes ☐ No

If yes, briefly explain (use a separate sheet, if needed): _____

III. Work History (continued)

- C. List employees that the Minnesota Pollution Control Agency (MPCA) has certified to perform/supervise UST projects. (Use a separate sheet if necessary.)

Employee's full name	MPCA Certification number	Discipline	Expiration date (mm/dd/yy)
		<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure	
		<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure	
		<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure	
		<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure	
		<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure	

- D. Will the company be subcontracting any tank work? ☐ Yes ☐ No
If yes, list those companies that will be assisting you on a subcontractor basis. (Use a separate sheet if necessary.)

Subcontractor name	Address	Telephone	MPCA Use Certified
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

IV. Required Attachments (Applications with missing attachments will be returned)

- A. Photocopy of documents showing comprehensive general liability insurance, surety bonds, or liquid company assets that, in combination, represent a value not less than five times the value of the largest storage tank project performed by your company during the last two years.
- B. For renewal or upgrade applications, a copy of the company's current UST contractor certificate issued by the MPCA.
- C. Check or money order in the amount of fifty dollars (\$50.00) made payable to: *Minnesota Pollution Control Agency*.

V. Affidavit - I hereby certify that:

- I am an active officer, partner, owner, or other designated managerial representative of the applicant firm.
- I have obtained copies of, read, and understand the applicable laws and rules pertaining to the regulation of underground storage tanks in the State of Minnesota, including the Standards of Performance in Minn. R. 7105.0070.
- I will direct the employees and principals of the firm to perform storage tank projects rendered by the company in a manner that is consistent with applicable requirements; and a certified supervisor will exercise responsible supervisory control over the work and will be physically present on site during all critical junctures of the storage tank projects.
- I understand that submission of false or misleading information or credentials, or failure to comply with the applicable statutes or rules, may result in the denial of the application, the suspension or revocation of certification, or civil or criminal penalties under state law.

Signed (Applicant) _____ Date _____

Sworn before me this _____ day of _____

Signed (Notary Public) _____

Notary Stamp below:

Mail completed application to:

Minnesota Pollution Control Agency
Joann Henry
520 Lafayette Road North
St. Paul, MN 55155-4194
joann.henry@state.mn.us

Questions? Contact:

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Toll free 800-657-3864
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