



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Supervisor Certification Initial/ Upgrade/Renewal Application

Underground Storage Tank (UST) Program

Doc Type: Compliance Certification

I. Applicant Information (Please print or complete electronically)

Personal information

Name: _____ Title: _____

Home address*: _____

City: _____ State: _____ Zip: _____

Company information

Employer name: _____

E-mail address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ MN UST Contractor Certification No.: _____

Office Use Only

Supervisor No.: _____

Discipline: ☐ Install
☐ Repair
☐ Closure

Upgrade: ☐ Install
☐ Repair
☐ Closure

Renew: ☐ Yes ☐ No

Contractor No.: _____

Check No.: _____

Exam Date: _____

Expiration Date: _____

Date Approved/Issued: _____

Date Entered: _____

Date Mailed: _____

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

If yes and you **were** certified, what is your Minnesota UST Supervisor Certification No.: _____

Disciplines: ☐ Install ☐ Repair ☐ Closure

If yes, and you were **not** certified, what was deficient? _____

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. Do you have at least two years of tank service experience? ☐ Yes ☐ No

If yes, briefly describe this experience: _____

- B. Has your certification, license or other authorization to perform tank services ever been revoked or suspended or are/were enforcement actions related to tank services pending against you in any jurisdiction?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): _____

- If this is an **initial application** or if you are applying for **additional certification** for installation/repair or removal for the first time, then, also complete the other side and add required attachments (*You do not need to complete section IV.*).
- If you are applying for **renewal** of an existing certification, also complete sections IV, VI and VII (*You do not need to complete section V.*).

IV. Recertification

- A. During the four (4) year period immediately prior to making this application, have you actively participated in the field on a minimum of five (5) regulated UST projects with at least four (4) of these projects being in the discipline for which you are applying for certification? ☐ Yes ☐ No

V. Project Experience (To fulfill the project-experience requirement)

- Projects must be on regulated tanks.
- Field experience must have taken place within the last four years.
- All projects must have been supervised by an MPCA-certified UST supervisor.
- Four projects (minimum) per discipline must be listed.

				Office Use Only	
Project 1 <input type="checkbox"/> Discipline <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure		Site Contact:		Site Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Name:		Telephone:		ID# _____	
Address:		Certified Supvr:		10-day Notice Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State:		UST Cert #:		Work Site Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Contact Name:	
Project 2 <input type="checkbox"/> Discipline <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure		Site Contact:		Site Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Name:		Telephone:		ID# _____	
Address:		Certified Supvr:		10-day Notice Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State:		UST Cert #:		Work Site Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Contact Name:	
Project 3 <input type="checkbox"/> Discipline <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure		Site Contact:		Site Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Name:		Telephone:		ID# _____	
Address:		Certified Supvr:		10-day Notice Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State:		UST Cert #:		Work Site Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Contact Name:	
Project 4 <input type="checkbox"/> Discipline <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure		Site Contact:		Site Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Name:		Telephone:		ID# _____	
Address:		Certified Supvr:		10-day Notice Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State:		UST Cert #:		Work Site Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Contact Name:	
Project 5 <input type="checkbox"/> Discipline <input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Closure		Site Contact:		Site Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Name:		Telephone:		ID# _____	
Address:		Certified Supvr:		10-day Notice Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State:		UST Cert #:		Work Site Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Contact Name:	

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

- Photocopy of diploma received from Riverland Community College after successfully completing an MPCA-approved UST training and (re)certification course.
- Photocopy of your current UST Supervisor wallet card (unless this is your initial application).
- Check or money order in the amount of fifty dollars (\$50.00) made payable to: *Minnesota Pollution Control Agency*.

VII. Affidavit - I hereby certify that:

- All of the information provided in this application is complete and true to the best of my knowledge.
- 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 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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