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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | UST contractor certification initial/ upgrade/renewal application  Underground Storage Tank (UST) Program  *Doc Type: Compliance Certification* |

**Instructions:** Return completed form and payment to the Attention: Fiscal Services – 6th floorat the Minnesota Pollution Control Agency (MPCA) address listed above. If you have any questions regarding this form, please contact Jeff Brandon at 218-302-6610 or toll free at 800-657-3864, or via email at [jeffery.brandon@state.mn.us](mailto:jeffery.brandon@state.mn.us).

## I. Business information(Please print or complete electronically)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: | | |  | | | | | | | |
| Mailing address: | | |  | | | | | | | |
| City: |  | | | | | State: |  | Zip: | |  |
| Email 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 a USTs Contractor Certification with the MPCA before?  Yes  No | | | | | | | | | | |
| If yes and you **were** certified, what is your Minnesota | | | | | | | | | |
| UST Contractor Certification number: | | | | |  | | | | |
| Disciplines:  Install  Repair  Closure | | | | | | | | | |

## 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

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| 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.) |

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| --- | --- | --- | --- | --- |
| **Site name, address, city** | **Type of project** | **Description of work** | **Date** (mm/dd/yyyy) | **Cost** |
|  | Install  Repair  Closure |  |  |  |
|  | Install  Repair  Closure |  |  |  |
|  | Install  Repair  Closure |  |  |  |

|  |  |
| --- | --- |
| 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)*

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| --- | --- |
| C. | List employees that the MCPA has certified to perform/supervise UST projects. (Use a separate sheet if necessary.) |

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| --- | --- | --- | --- |
| **Employee’s full name** | **MPCA Certification number** | **Discipline** | **Expiration date** (mm/dd/yyyy) |
|  |  | Install  Repair  Closure |  |
|  |  | Install  Repair  Closure |  |
|  |  | Install  Repair  Closure |  |
|  |  | Install  Repair  Closure |  |
|  |  | Install  Repair  Closure |  |

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| 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.) |

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| **Subcontractor name** | **Address** | **Telephone** |
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## 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 tan 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.

**Applicant/Notary signatures** (Applicant must sign this affidavit before a Notary Public)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant name: |  | Title: |  | |
| Applicant signature: |  | Date (mm/dd/yyyy): | |  |

**Notary Public** *Notary stamp below:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this: | | | | |
|  | day of | , |  |  |
|  | | | | |