

**Application for Cathodic Protection
Tester Certification**



Good Life. Great Safety.

STATE FIRE MARSHAL OFFICE

NACE/Course: _____
Certification#: _____
Date Issued: _____
Expire Date: _____
Test Score: _____

INDIVIDUAL'S NAME:

MAILING ADDRESS:

CITY / STATE / ZIP:

E-mail Address:

PHONE:

LAST FOUR OF SOCIAL SECURITY #:

BIRTHDATE:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

CITY / STATE / ZIP:

PHONE:

FAX #:

APPROXIMATE NUMBER OF UNDERGROUND STORAGE TANK CATHODIC PROTECTION SYSTEMS THAT YOU HAVE TESTED:

LIST CERTIFICATIONS FROM ANY SCHOOL OR TRAINING SEMINAR/WORKSHOP YOU HAVE ATTENDED FOR CATHODIC PROTECTION TESTING OF UST SYSTEMS. If the course is not on the SFM approved list, you may request review for approval. (Enter dates in numeric format mm/dd/yyyy):

COURSE TITLE	PRESENTED BY	DATES

I, _____, hereby certify that the information contained on this application is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTARY:

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

____ DAY OF _____, 200__

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

Attach a copy of your Certification of Satisfactory Completion of Coursework listed above or a NACE certification card with this application, along with a photograph (copy of any government issued ID is fine).

Submit to:

**STATE FIRE MARSHAL
Fuels Division
246 South 14th Street
Lincoln, NE 68508**

Contact the Fuels Division at 402-471-9664 for a list of recommended study materials or to schedule an examination. A score of 80% is required to pass the test. Examinations are conducted in Lincoln on the second Friday of the month. Certifications are valid for a period of three years.

NOTE: *We request that you notify this office of any changes in your address or employment during the period of your certification.*