

**Application for Individual Certification
Underground Storage Tanks**



Good Life. Great Safety.

STATE FIRE MARSHAL OFFICE

STATE USE ONLY

Certification #: _____
Date Issued: _____
Expire Date: _____
Test Score: _____

Type of Certification Applied For: CLOSURE INSTALLATION BOTH

INDIVIDUAL'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____ **E-mail Address:** _____

PHONE: _____ **LAST FOUR OF SOCIAL SECURITY #:** _____ **BIRTH DATE:** _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ **FAX #:** _____

APPROXIMATE NUMBER OF TANK CLOSURES / INSTALLATIONS THAT YOU HAVE:

	SUPERVISED:	PARTICIPATED IN:
REMOVALS:		
CLOSURES IN PLACE:		
INSTALLATIONS:		

LIST ANY LICENSES, SCHOOLS, OR TRAINING SEMINARS / WORKSHOPS YOU HAVE ATTENDED FOR TANK CLOSURE / INSTALLATION TRAINING (Enter dates in numeric format mm/dd/yyyy):

TITLE	PRESENTED BY	DATES

I, _____ (print name) , 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 _____, 20____

NOTARY PUBLIC **MY COMMISSION EXPIRES:** _____

Submit your application to:

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

Please include a copy of your driver's license or other state issued identification with the application.

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.