

Department of Housing, Buildings and Construction
Licensing Branch
500 Mero Street
Frankfort, Kentucky 40601
Telephone Number: (502) 573-2002
Fax Number: (502) 573-1598

APPLICATION FOR CERTIFICATION AS AN UNDERGROUND TANK CONTACTOR

**Please return completed application to the above address.
Remit payment by check or money order; payable to the Kentucky State Treasurer.**

Type of Certification: Installer/Remover Remover Only Liner Only
 Probationary - Installer/Remover Probationary - Remover Only

Application Fee Enclosed: \$300.00 Yes No
Examination Fee Enclosed: \$50.00 Yes No

PLEASE PRINT OR TYPE AND SIGN

1. Full Name of Qualifying Person: _____
FIRST NAME INITIAL LAST NAME

2. Permanent Residence: _____
STREET/BOX OFFICE NUMBER

CITY COUNTY STATE ZIP CODE

3. Telephone Number: _____
RESIDENCE BUSINESS

4. Social Security Number: _____ - _____ - _____ 5. Birthdate: _____ - _____ - _____
MONTH DAY YEAR

6. The Department of Housing, Buildings and Construction will provide reasonable modification in the administration of all licensure exams for qualified individuals with disabilities. The qualified individual with a disability shall submit, to the Department, documentation from an appropriate professional stating the limitations imposed by his/her disability. The individual with a disability shall request the effective modification. Do you have any disabilities? Yes No

7. Company Name: _____

8. Company Address: _____
STREET/BOX OFFICE NUMBER

CITY COUNTY STATE ZIP CODE

9. Federal Tax ID Number: _____

10. Number of years experience: As a Tank Installer _____ As a Tank Remover _____ As a Tank Liner _____

MAY, 2020

11. Experience: The person making application shall demonstrate that within five (5) years immediately prior to making application, that he/she has participated in the installation of, performance of repairs on site to, closure of, or removal of a minimum of six (6) underground storage tanks.

1) _____
NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

2) _____

NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

3) _____

NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

4) _____

NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

Experience (continued):

5) _____
NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

6) _____

NAME OF PROJECT

COMPANY NAME

CITY COUNTY STATE

____ - ____ - ____ _____ Remove Install Repair Upgrade Line
DATE WORK WAS PERFORMED NUMBER OF TANKS SCOPE OF WORK

12. List the name and address of at least three (3) professional references familiar with your work as a tank installer, remover, or liner.

1) _____ - _____

FIRST NAME LAST NAME INITIAL TELEPHONE NUMBER

ADDRESS

_____ - _____

CITY STATE ZIP CODE

2) _____ - _____

FIRST NAME LAST NAME INITIAL TELEPHONE NUMBER

ADDRESS

_____ - _____

CITY STATE ZIP CODE

3) _____ - _____

FIRST NAME LAST NAME INITIAL TELEPHONE NUMBER

ADDRESS

_____ - _____

CITY STATE ZIP CODE

SFM/UPST #01⁴
MAY, 2020

13. Attach proof of general liability insurance. (*Certificate of insurance* from a company authorized to do business in Kentucky.) Expiration Date: _____
MONTH DAY YEAR

14. Attach proof of pollution liability insurance. (*Certificate of insurance* from an authorized insurer countersigned by a licensed Kentucky agent or from an eligible surplus lines insurer obtained through a Kentucky Surplus Lines Broker; *surety bond* from a Kentucky authorized company or an irrevocable *letter of credit* from an FDIC Kentucky Domicile Bank.)

Expiration Date: _____
MONTH DAY YEAR

Specify Type: Certificate of Insurance Surety Bond Letter of Credit

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

SIGNATURE OF APPLICANT FOR COMPANY

DATE

NOTARIZED BY:

State of: _____

County of: _____

Subscribed and Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

DATE MY COMMISSION EXPIRES