

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 CONTRACTOR**

**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 #01<sup>4</sup>**  
**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