

# UTAH UST CONSULTANT RENEWAL APPLICATION

Applicant Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please do not put my employer name on the certificate and card.

## FOR STATE USE ONLY

Test Score: \_\_\_\_\_ Pass/Fail  
Fee Processed: \_\_\_\_\_  
Certificate No.: CC \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

## CERTIFICATION RENEWAL EXAMINATION

Date of Test \_\_\_\_\_ Amount \_\_\_\_\_

## CERTIFICATION RENEWAL FEE

Date of Payment \_\_\_\_\_ Amount \_\_\_\_\_

Please return completed application and fee to:

**Department of Environmental Quality  
Division of Environmental Response and Remediation  
Leaking Underground Storage Tank Section  
195 North 1950 West, 1<sup>st</sup> Floor  
Salt Lake City, Utah 84116**

*I hereby certify that the foregoing information is true and that I have read the certification requirements for UST Consultants in the Utah Admin. Code, Section R311-201. I have conformed, and will continue to conform to the eligibility requirements, including Occupational Safety and Health Agency training requirements and to the standards of performance as outlined in Sections R311-201-4 and R311-201-6, respectively. I understand that submission of false or misleading information in this application, or failure to comply with the applicable eligibility requirements and standards of performance may result in revocation of the certificate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_