

**UTAH UST GROUNDWATER AND SOIL SAMPLER  
RE-CERTIFICATION APPLICATION**

Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>FOR STATE USE ONLY</b>
Test Score: _____ Pass/Fail
Fee Processed: _____
Certificate No.: GS _____
Expiration Date: _____

[ ] Please do not put my employer name on the certificate or card.

**TRAINING**

Organization Providing Training: \_\_\_\_\_

Training Date: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**UTAH CERTIFICATION FEE**

Date of Payment: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please return completed application and fee to the following address:

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY  
DERR/UST SECTION  
195 NORTH 1950 WEST, 1<sup>ST</sup> FLOOR  
SALT LAKE CITY, UTAH 84116**

*I hereby certify that the forgoing information is true and that I have read the certification requirements for the UST Groundwater and Soil Sampler in the Utah Administrative Code Section R311-201. I will conform to the standards of performance as outlined in Section R311-201-6. I understand that submittal of false or misleading information in this application may result in revocation in the certificate.*

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