

UTAH UST PRECISION TESTER APPLICATION

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Fee Processed: _____

Certificate No.: UT _____

Expiration Date: _____

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

Type of testing: Tank Lines Leak Detector Cathodic Protection

FINANCIAL ASSURANCE

Documentation of financial assurance must be submitted with the application.

Insurance, type, and amount: _____

Value of the largest underground storage tank removing contract performed by the applicant or the applicants employer during the previous two years \$ _____.

Applicants financial assurance is provided by the one marked below:

Applicant (i.e., self assurance). Complete FINANCIAL ASSURANCE AGREEMENT.

Employer (Company agent must authorize use of assurance-Authorization Signature required below) complete FINANCIAL ASSURANCE AGREEMENT.

Employers Signature: _____ Date: _____

Print Name: _____ Date: _____

TRAINING

Organization Providing Training: _____

Training Date: _____ Exam Date: _____

TRAINING FOR TESTING EQUIPMENT

Manufacturer of Equipment: _____

Model No. or Name: _____

Type of Equipment: Tank Testing Equipment
 Line Testing Equipment

Organization Providing Training: _____ Phone: _____

Location of Training: _____ Date: _____

EPA VALIDATION

Documentation of third-party evaluation must be submitted with the application.

- The testing equipment described above has been evaluated by an independent laboratory.
- The Tank Testing Equipment has demonstrated the ability to recognize a 0.1 gallon per hour leak rate with a probability of detection of 0.95 and a probability of false alarm of 0.05 from any portion of the tank that could contain product.
- The Line Testing Equipment has demonstrated the ability to recognize a 0.1 gallon per hour leak rate at one and one-half times the operation pressure.
- Another method approved by the Executive Secretary (UST) had demonstrated the ability to detect 0.1 gallon leak rate with a probability of detection of 0.95 and a probability of false alarm of 0.05 from any portion of the tank system that could contain product.

Laboratory Performing Testing: _____ Phone: _____

Location of Testing: _____ 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, 1ST 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 Tester 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: _____