



THE STATE  
of **ALASKA** Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Underground Storage Tank Worker Program**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [UndergroundStorageTankWorkers@Alaska.Gov](mailto:UndergroundStorageTankWorkers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker](http://ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker)

Regulation 18 AAC 78.400 requires that a person may not conduct, and an owner or operator may not allow to be conducted, any part of a UST installation, repair, reconfiguration, closure (decommissioning), tank tightness test, or cathodic protection test unless the person is certified by the Division of Corporations, Business and Professional Licensing.

**EXAMINATION PROCEDURES:**

Examination for installer is administered by Petroleum Equipment Institute (PEI) through their Recommended Practice (RP)-100, Installation of UST Systems: [pei.org/rp100](http://pei.org/rp100)

Examination for Closure is administered by Petroleum Equipment Institute (PEI) through their Recommended Practice RP1700-Tank Closure and Removal: [pei.org/rp1700](http://pei.org/rp1700)

Examination for inspector is administered by PEI using RP-900, UST Inspection and Maintenance.

Examination for cathodic protection tester may be administered by the National Association of Corrosion Engineers (NACE) or the Steel Tank Institute (STI): [nace.org/cstm/education/courses/courseschedule.aspx](http://nace.org/cstm/education/courses/courseschedule.aspx) and [steeltank.com/EducationEvents/CathodicProtectionClasses/tabid/520/Default.aspx](http://steeltank.com/EducationEvents/CathodicProtectionClasses/tabid/520/Default.aspx)

Examination for tank tightness tester is administered by the manufacturer of the equipment the UST worker uses.

The International Code Council (ICC) provides the examination for the Alaska Laws and Rules, administered by PearsonVUE: [iccsafe.org](http://iccsafe.org)

**CERTIFICATION BY EXAMINATION:** The following documents must be submitted for certification:

1. Complete attached application, including the Authorization for Release of Records (Form 08-4182b), indicating category(ies) requested. If the application is for tank tightness testing, the applicant shall designate the type or types of tightness test for which certification is sought, and provide proof of certification by the manufacturer of the particular tank tightness test. The test method must meet the requirements of 18 AAC 78.065(d). The manufacturer's certification must remain in effect for the duration of a certificate issued under this chapter.
2. Provide a current résumé, including any applicable training completed and/or project descriptions.
3. Verification of Work Experience must be verified by an individual who can attest to satisfactory work performance. A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. The division will, in its discretion, accept applicable vocational training for any or all of the field experience. Satisfactory work performance must be verified by an endorsement from a person who is certified in Alaska in the category(ies) in which the applicant is seeking or under an equivalent program established outside of Alaska. A separate form must be used for each category and the person completing the form must provide a detailed and specific work statement so that this division can make a determination that the project was successfully completed.
4. Proof of passing category examination(s) and the Alaska Laws and Rules within one year from the date of application. (If you live in a remote site and need assistance in testing, please contact the division for information.)
5. Check or money order made payable to the State of Alaska.
 

Nonrefundable Application Fee	\$100.00
Certification Fee per Category	\$ 60.00

**CERTIFICATION BY RECIPROCITY:** Please be advised that even though you took an exam in another state, it does not necessarily qualify you for the Alaska certificate. Additionally, all other qualifications under regulations must be met. The following documents must be submitted to this office before an applicant will be considered for certification by reciprocity:

1. Completed, attached application, including the Authorization for Release of Records (form 4182b) (refer to number 1 on page one).
2. Provide a current résumé, including any applicable training completed and/or project descriptions.
3. Complete Verification of Work Experience form(s) (refer to number 3 on page one).
4. Verification of Certification from the state(s) where you currently hold a certificate. The state(s) must verify that you have taken and passed the examination in the category(ies) for which you are applying. A form is enclosed for this purpose.
5. Proof of passing the Alaska state-specific examination administered by ICC within one year from the date of application.
6. Check or money order made payable to the State of Alaska:
 

Nonrefundable Application Fee	\$100.00
Certification Fee per Category	\$ 60.00

**PLEASE NOTE:** If you are applying for certification by reciprocity, you must still take and pass the Alaska-specific portion of the examination. Examination is administered by ICC ([www.iccsafe.org](http://www.iccsafe.org)). Contact PearsonVUE to schedule an appointment to take the UO-Alaska Laws and Rules test at [pearsonvue.com/icc/cert/](http://pearsonvue.com/icc/cert/). You may also be required to pass the category-specific examinations.

# ! General Information

## APPLICATION PROCESSING:

The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

## LICENSE TERM:

Certifications expire December 31 of odd-numbered years regardless of when issued, except new certifications issued within 90 days of the expiration date will be issued to the next biennium renewal date. Please inform this division in writing when you have a change of address so that you receive renewal notices and other necessary information. Proof of successfully passing the category-specific and the Alaska state-specific examinations within the current renewal year must be provided with the renewal application. If you have maintained certification in a specific category for at least six consecutive years, you are only required to take and pass the examination required for every third year renewal of that category of certification as long as you have performed at least two UST projects in the category during the calendar year before each renewal.

## "YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness question in the application be sure to submit an explanation and documentation.

## DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

## ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

## SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form.

## SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

## PUBLIC INFORMATION:

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

## ABANDONMENT:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued.

## PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

## BUSINESS LICENSES:

Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at *BusinessLicense.Alaska.Gov*

## STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program is available on the division's website at *ProfessionalLicense.Alaska.Gov*. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

### NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**



**Underground Storage Tank Worker Program**  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-8443  
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Website: [ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker](http://ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker)

## Initial Application

### Certification as an Underground Storage Tank Worker

**18 AAC 78.415. CERTIFICATION REQUIREMENTS.** (d) If the application is for inspection, the applicant shall also obtain and maintain certification in UST installation and cathodic protection. An applicant may apply for certification in UST inspection while an application for certification in UST installation or cathodic protection is pending; however, the division will not issue or renew a certification for inspection unless the applicant is certified in UST installation and cathodic protection.

**18 AAC 78.425. WORK EXPERIENCE AND EDUCATION REQUIREMENTS.** (b) A person seeking to become a certified inspector shall show proof of completion within two years before the date of application of

- (1) at least one nationally-recognized training course, class, examination, or workshop dealing with UST design, installation, testing, or inspection; and
- (2) an inspector orientation course provided by the department.

#### **PART I** Certification Type and Payment of Fees

<b>Fees</b>	<input type="checkbox"/> Nonrefundable Application Fee <span style="float: right;"><b>\$100</b></span> <input type="checkbox"/> Certification Fee Per Category <span style="float: right;"><b>\$60</b></span>
<b>Check Certification Type(s)</b> <small>(Enclose a certification fee for each selection)</small>	<input type="checkbox"/> Inspector <input type="checkbox"/> Installation (including repairs and significant reconfiguration) <input type="checkbox"/> Tank Tightness Tester <input type="checkbox"/> Cathodic Protection Tester <input type="checkbox"/> Closure (including removal and decommissioning)
Make checks payable to the State of Alaska or use the attached credit card payment form. <b>Amount Enclosed:</b>	

#### **PART II** Personal Information

<b>Full Legal Name</b>			
<b>Mailing Address</b>	Address	City	State      ZIP Code
<b>Phone Number</b>	Work	Home	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>E-Mail Address</b>		<b>Gender</b>	
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

### **PART III Professional Fitness**

I am currently certified by the State of Alaska in the following categories:

- Underground Storage Tank Installation and Refit
- Underground Storage Tank Cathodic Protection Testing
- Underground Storage Tank Inspector
- Underground Storage Tank Tightness Tester
- Underground Storage Tank Removal and Decommissioning



My UST Number Worker Certification Number

Expiry Date

A "Yes" answer may not automatically result in license denial. If you answer "Yes" please answer the follow-up question. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

- Have you ever had a UST certification suspended or revoked under this chapter or by another jurisdiction? \* Yes  No
- \* If yes, has that suspension or revocation expired? Yes  No

### **PART IV Education and Testing**

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. The division will, in its discretion, accept applicable vocational training for any or all of the field experience. Please attach a current résumé, including any applicable training completed and/or project description.

If you are applying for tightness testing certification, you must be certified by the manufacturer of the particular tank tightness method to be used. The manufacturer certification must remain in effect for the duration of the certificate issued as an underground storage tank worker.

Manufacturer	Test Method	Training Location	Dates Attended	By Exam?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are currently licensed or certified in another state as an underground storage tank worker complete the following and follow the instructions for certification by reciprocity.

State	Certification Date	By Exam?	Other
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PART V Notarized Signature

I am providing the following information:

- Proof of attending an inspector orientation course provided by the Department of Environmental Conservation in the last two years (certificate attached).
- Proof of attending at least one nationally recognized training course, class, examination, or workshop dealing with UST design, installation, testing, or inspection in the last two years (certificate attached).
- Copy of my test results.
- Verification of work experience for each category applied for.

I certify that the information on this form is true and correct to the best of my knowledge. The Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: auto;"> <p>Notary Stamp</p> </div>	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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**PART VI Verification of Certification From Other State (For Reciprocity Applicants Only)**

Full Legal Name		
Mailing Address		
Daytime Phone	Date of Birth	

THE BELOW TO BE COMPLETED BY THE LICENSING BOARD AND RETURNED DIRECTLY TO THE DIVISION

Licensure by	<input type="checkbox"/> Endorsement		<input type="checkbox"/> Examination	
Is the Certificate Current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issue Date:	Expiration Date:

EXAM CATEGORY	TESTING AGENCY	SCORE	DATE
Installation			
Closure			
Tank Tightness Testing			
Cathodic Protection Testing			
Inspector			

Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?	* Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Has the applicant's license/certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?	* Yes <input type="checkbox"/>
	No <input type="checkbox"/>

\* If yes, please provide a copy of the disciplinary action document.

Comments (if any)	
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BOARD SEAL (All verifications must have a board seal)	Sign and Date: _____  State Board and Title: _____  Contact Phone Number: _____
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## DETAILED INSTRUCTIONS FOR COMPLETING WORK EXPERIENCE VERIFICATION FORM

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### VERIFICATION

Work experience must be verified by a tank worker certified in the same category as the applicant. For example, a certified installer may verify installation work, but not cathodic protection work.

### PROJECTS

Please list two “specific” projects. Do not simply state that the applicant has performed “hundreds of installations at numerous locations.” Also, the two projects must be geographically-separate systems, not two tanks of the same systems. The project experience must include work on both tank and piping.

Please list only projects associated with regulated underground storage tanks, or projects associated with unregulated underground storage tanks designed and installed to the same standards and practices as regulated underground storage tanks.

**For each of the two projects listed, please include the following information:**

- **Tank Facility Name**

This would include the tank owner and operator and perhaps how the facility was used . . . “Johnson’s Service Station” or “Borough Fueling Facility.”

- **Location**

City and State (if outside Alaska). Additional description is optional.

- **Date**

Please list the month, day, and year of the project. All projects must have been completed within three years immediately preceding the date of application.

- **UST Facility and Tank I.D. Number**

All “regulated” tank systems in Alaska have a facility and tank I.D. number (Example: 000123-1). You can obtain this information from the tank or facility owner. If your experience is at a military UST site, DO NOT USE the military identification or building number as a substitute for the Alaska I.D. number.

- **Description**

Tank Description: List the tank size (gallons) and product that it has, or will, contain.

Please provide any additional information to verify that this was a regulated tank - this will speed up the processing of your application.

Description of Work Performed: Provide a “detailed” description of the work performed by the applicant on this project. “Removed tanks” or “Tested tanks” is not an adequate description. See 18 AAC 78.455 for the description of “Standards of Practice,” which outlines the work tasks associated with each category.

Closure Form: Please note that site assessment (i.e., field screening, soil sampling) work may not be used as experience for tank closure/decommissioning. Experience must be specific to the excavation, emptying, cleaning, removal, and disposal.

Cathodic Protection Form: Please provide “specific” information about course work such as corrosion protection testing and corrosion engineering classes.

Please include information about where and how you tested the cathodic protection equipment. The Cathodic Protection Certification is for testing of “in-place” systems, not for the installation of that equipment.

Please note that cathodic protection certification is not required for the “installation” of cathodic protection equipment; for this, a tank installer certification is sufficient.

- **Résumé**

Although it is not required, it generally benefits the applicant and speeds up the review of an application when a résumé of training and work experience is included.

**FAILURE TO COMPLETE THE ENTIRE WORK EXPERIENCE VERIFICATION FORM WILL RESULT IN REJECTION OF APPLICATION.**



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**PART VII Verification of Work Experience: INSTALLATION**

Please use a separate form for each category:

**INSTALLATION** (including repairs and significant reconfiguration)

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. This form is to be completed by a person who can attest to the applicant's work experience, and is a Certified Alaskan Underground Storage Tank Worker, or is certified under an equivalent program established outside of Alaska.

<b>Name</b>		<b>Title</b>	
<b>Company</b>			



**THIS PART TO BE COMPLETED BY THE EMPLOYER**



I certify that the above-named applicant has satisfactorily performed the below two projects:

<b>1</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<b>2</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<div style="border: 1px dashed black; padding: 5px; text-align: center;">Notary Stamp</div>	<b>Supervisor's Signature:</b>		<b>UST Certification Number:</b>	
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary's Signature:</b>		<b>My Commission Expires:</b>	





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**PART VII Verification of Work Experience: CLOSURE**

Please use a separate form for each category:

**CLOSURE** (including removal and decommissioning)

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. This form is to be completed by a person who can attest to the applicant's work experience, and is a Certified Alaskan Underground Storage Tank Worker, or is certified under an equivalent program established outside of Alaska.

<b>Name</b>		<b>Title</b>	
<b>Company</b>			



**THIS PART TO BE COMPLETED BY THE EMPLOYER**



I certify that the above-named applicant has satisfactorily performed the below two projects:

<b>1</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<b>2</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<div style="border: 1px dashed black; padding: 5px; text-align: center;">Notary Stamp</div>	Supervisor's Signature:		UST Certification Number:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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**PART VII Verification of Work Experience: CATHODIC PROTECTION TESTER**

Please use a separate form for each category:

**CATHODIC PROTECTION TESTER**

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. This form is to be completed by a person who can attest to the applicant's work experience, and is a Certified Alaskan Underground Storage Tank Worker, or is certified under an equivalent program established outside of Alaska.

<b>Name</b>		<b>Title</b>	
<b>Company</b>			



**THIS PART TO BE COMPLETED BY THE EMPLOYER**



I certify that the above-named applicant has satisfactorily performed the below two projects:

<b>1</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<b>2</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<div style="border: 1px dashed black; padding: 5px; text-align: center;">Notary Stamp</div>	_____	_____
	Subscribed and Sworn to before me	Signature of Supervisor
	_____	_____
	Notary Public for the State of	Printed Name
	_____	_____
	My Commission Expires	UST Certification Number



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**PART VII Verification of Work Experience: TANK TIGHTNESS TESTER**

Please use a separate form for each category:

**TANK TIGHTNESS TESTER**

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. This form is to be completed by a person who can attest to the applicant's work experience, and is a Certified Alaskan Underground Storage Tank Worker, or is certified under an equivalent program established outside of Alaska.

<b>Name</b>		<b>Title</b>	
<b>Company</b>			

**THIS PART TO BE COMPLETED BY THE EMPLOYER**

I certify that the above-named applicant has satisfactorily performed the below two projects:

<b>1</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<b>2</b>	<b>Tank Facility Name</b>		<b>Location</b>	
	<b>UST Facility and Tank ID Number (if regulated)</b>		<b>Date of Project</b>	
	<b>Description of Work</b>			

<div style="border: 1px dashed black; padding: 10px; width: 150px; height: 100px; margin: 0 auto;">                 Notary Stamp             </div>	_____ Subscribed and Sworn to before me	_____ Signature of Supervisor
	_____ Notary Public for the State of	_____ Printed Name
	_____ My Commission Expires	_____ UST Certification Number



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**PART VII Authorization for Release of Records**

To Whom It May Concern:

I, \_\_\_\_\_  
First Name Middle Name Last Name

residing at \_\_\_\_\_  
Address City State ZIP Code

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, employment, education records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for a professional license or certification in the State of Alaska.

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

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

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<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>