



State of Oregon Department of Environmental Quality
Underground Storage Tank Program

Underground Storage Tank Services SERVICE PROVIDER LICENSE APPLICATION

For this license application to be valid the total fee, the list of UST projects completed and the list of licensed supervisors working for the service provider must accompany the license application. Renewal applications must be submitted 30 days prior to expiration. You should receive your license from DEQ within one to two weeks from the date you submit the complete application.

Please return this application, fee and attachments to:

Department of Environmental Quality
Attention: Revenue Section
700 NE Multnomah St.
Portland, OR 97232

Questions? In Oregon, call 1-800-742-7878
Outside Oregon, call 503-229-6652 / FAX: 503-229-6977

FOR DEQ USE ONLY <u>LIC UST</u>
Date Rec'd.: _____
Amount Rec'd.: \$ _____
Check No.: _____

Effective March 10, 2008 the non-refundable license fee is \$600 for 24 months

Check (✓) the appropriate box below: *This application is for*

New License Renewal License No.: _____ Expiration Date: _____

1. UST SERVICES SERVICE PROVIDER INFORMATION

FIRM PROVIDING UST SERVICES

Legal Name¹: _____
Address: _____
City, State: _____
Zip Code: _____
Telephone No.: (____) _____
Contact Person: _____
E-Mail Address: _____

CORPORATE HEADQUARTERS (If Different)

Name: _____
Address: _____
City, State: _____
Zip Code: _____
Telephone No. (____) _____

2. OREGON CONSTRUCTION CONTRACTOR LICENSE

CCB License No.: _____ (if required for the type of work your firm performs)

Check here if you are in the process of obtaining a Contractors License from the Oregon Construction Contractors Board (CCB). Call 503-229-6652 to provide the license number when complete.

¹ As registered with the Oregon Corporation Division

3. TYPES OF SERVICES PROVIDED Check the box for each type of service your firm performs.
 ▪ Note: you may be required to demonstrate that your firm has the necessary equipment available to perform listed services as part of an inspection or audit.

- Installation and Retrofit Decommissioning Tightness Testing Cathodic Protection

4. SUPERVISORS Provide the name, type of license and license number for each UST Supervisor your firm employs. A supervisor must be on site during specified times or stop work. Attach additional pages as needed.

Supervisor Name:	License Number:	Type of License(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. SERVICE AREA Areas of Oregon where your firm will provide services to the public. Check as many that apply or simply check Statewide. See map for definitions of DEQ regions. *You must check at least one.*

Statewide

Eastern

Northwest

Western

NORTHWEST REGION: Clackamas, Clatsop, Columbia, Multnomah, Tillamook & Washington Counties

WESTERN REGION: Benton, Coos, Curry, Douglas, Jackson, Josephine, Polk, Lane, Lincoln, Linn, Marion & Yamhill Counties

EASTERN REGION: Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wasco, Wheeler & Wallowa Counties

6. EXPERIENCE Attach a summary of UST projects completed in Oregon during the last 24 months. If this is a new application, on a separate page, describe your company's experience in conducting the specific type of services you propose to perform.

Check here if your company has not worked on any UST projects during the last 24 months.

SAMPLE INFORMATION

Company or Individual Name/Address	Type of Project	Date Completed
Sample Company 1515 SE Champion Way Portland, OR 97333	Decommission	October, 2000

7. CERTIFICATION

"I, (your name) _____, am the Chief Executive Officer (or legal equivalent) of (company name) _____, and do hereby certify that I have obtained a copy of the applicable laws and rules pertaining to the regulation of Underground Storage Tanks in the State of Oregon, and that I have read them and will direct the employees and principals of this company to perform the tank services rendered by this company in the manner that is consistent with their requirements."

Signature: _____	Date: _____
Name: _____	Title: _____ <i>(Must be principal in the firm)</i>