

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

<b>Effective March 10</b>	, 2008 the non-ref	undable license	fee is \$60	0 for 24 months

Check  $(\sqrt{)}$  the appropriate box below: This application is for

License No.: Expiration Date: New License Renewal 

## 1. UST SERVICES SERVICE PROVIDER INFORMATION

FIRM PROVIDING UST SERVICES	CORPORATE HEADQUARTERS (If Different)	
Legal Name <sup>1</sup> :	Name:	
Address:	Address:	
City, State:	City, State:	
Zip Code:	Zip Code:	
Telephone No.: ()	Telephone No. ()	
Contact Person:		
E-Mail Address.		

## 2. OREGON CONSTRUCTION CONTRACTOR LICENSE

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

FOR DEQ USE ONLY LIC UST

Date Rec'd.:

Amount Rec'd.: \$

Check No.: \_\_\_\_\_

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.

<sup>&</sup>lt;sup>1</sup> As registered with the Oregon Corporation Division

- 3. <u>TYPES OF SERVICES PROVIDED</u> 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

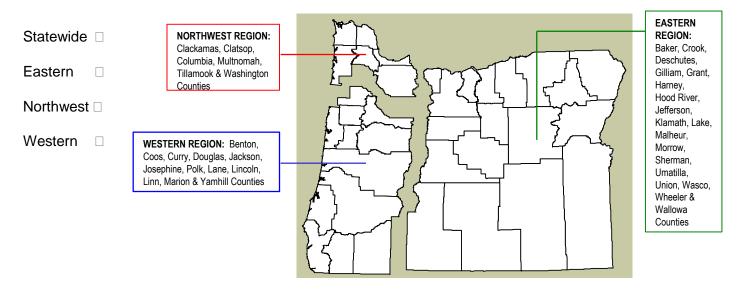
□ Tightness Testing □ Cathodic Protection

4. <u>SUPERVISORS</u> 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. <u>SERVICE AREA</u> 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.



- 6. <u>EXPERIENCE</u> Attach a summary of UST projects completed in Oregon during the last 24 months. <u>If this is a new application</u>, on a separate page, describe your company's experience in conducting the specific type of services you propose to perform.
  - $\rho$  Check here if your company has not worked on any UST projects during the last 24 months.

	SAMPLE INFORM	MATION		
<b>Company or Individual Name/Address</b> Sample Company 1515 SE Champion Way Portland, OR 97333	Type of Project Decommission	Date Completed October, 2000		
7. <u>CERTIFICATION</u>				
"I, (your name) equivalent) of (company name)		, am the Chief Executive Officer (or legal		

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: