

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
UNDERGROUND STORAGE TANKS CLASS A AND B OPERATOR DESIGNATION**

Title 18 Alaska Administrative Code (AAC) 78, *Underground Storage Tanks*, requires an operator training program, in effect since July 2012. Underground Storage Tank (UST) operator training is mandatory for Alaska UST system owners and operators, who must be trained and certified within 30 days of assignment to the position (18 AAC 78.008(b)). If a new employee is assigned as a Class A and/or Class B Operator, then designate, in writing, within 30 days (18 AAC 78.008(i)). Class C Operators may be trained by the Class A/B Operator (use the recommended Class C Operator Checklist).

CLASS A – Class A operators include owners or employees who have primary responsibility to operate and maintain UST systems. The focus is on the broader aspects of the underground storage tank requirements.

CLASS B – Class B operators are employees who have “daily on-site responsibilities” for your UST systems, who must have a site-specific understanding of the operation of spill buckets, overfill prevention, corrosion protection, leak detection monitoring with 30-day recordkeeping, and the monthly walk-through inspections.

- **Sign and submit this *Designation* with a copy of the Class A and/or Class B certificate(s)**
- Email: SUSAN.YOUNG@ALASKA.GOV
- Fax: 907-269-7687
- US mail: ADEC SPAR UST Office, 555 Cordova Street, Anchorage, AK 99501-2617

Provide the following information for your UST Class A and B Operators:

ADEC Facility #	Facility Name:	
Is this an update of the facility’s primary <input type="checkbox"/> or secondary <input type="checkbox"/> point of contact?		
Class A Operator		
Is this an update of your primary <input type="checkbox"/> or secondary <input type="checkbox"/> Class A Operator?		
Name:	Position/Title: <input type="checkbox"/> Owner?	
Contact Email:	Business Phone: Contact Phone:	
Mailing Address:	City/State/Zip:	
Class B Operator		
Is this an update of your primary <input type="checkbox"/> or secondary <input type="checkbox"/> Class B Operator?		
Name:	Position/Title: <input type="checkbox"/> Local Point-of-Contact?	
Contact Email:	Business Phone: Contact Phone:	
Mailing Address:	City/State/Zip:	
Designator		
Printed Name:	Designator’s Signature:	Date: