



STATE OF ALASKA  
 DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
 DIVISION OF OCCUPATIONAL LICENSING  
 333 WILLOUGHBY AVENUE, 9TH FLOOR  
 P.O. BOX 110806  
 JUNEAU, ALASKA 99811-0806  
 (907) 465-5470  
 E-mail: license@dced.state.ak.us

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**CERTIFIED UNDERGROUND STORAGE TANK WORKER (UST)  
 APPLICATION PACKET**

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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 Occupational Licensing.

**EXAMINATION PROCEDURES**

Examinations are administered in Alaska by Assessment Systems, Inc. (ASI), under the direction of the International Fire Code Institute (IFCI). Exams are scheduled weekly in Anchorage, monthly in Fairbanks, and quarterly in Juneau. You must apply directly to ASI to be scheduled for an examination. Please contact ASI for the next scheduled examination date and other information concerning the examination at:

**ASSESSMENT SYSTEMS INC.  
 1-800-275-8301**

**CERTIFICATION BY EXAMINATION**

The following documentation must be submitted for certification:

1. Complete attached application, 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 IFCI and Alaska state-specific examination 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.

\$ 50.00 Nonrefundable Application Fee  
 \$105.00 Certification Fee per Category



**CONTINUED ON REVERSE SIDE**

## **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 (refer to number 1 on front side).
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 front side).
4. Verification of Certification from the state(s) where you currently hold a certificate. The state 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 ASI within one year from the date of application.\*
6. Check or money order made payable to the State of Alaska:

**\$ 50.00** Nonrefundable Application Fee  
**\$105.00** Certification Fee per Category

**\*PLEASE NOTE:** IF YOU ARE APPLYING FOR CERTIFICATION BY RECIPROCITY, YOU MUST STILL TAKE AND PASS THE ALASKA SPECIFIC PORTION OF THE EXAMINATION. CONTACT ASI AT 1-800-275-8301 TO SCHEDULE AN EXAM APPOINTMENT.

## **GENERAL INFORMATION**

### **SOCIAL SECURITY NUMBER REQUIREMENT**

In accordance with AS 08.01.060, the department is not authorized to issue a certification to a natural person, unless the applicant's social security number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions.

### **SPECIAL ACCOMMODATION(S) FOR EXAMINATION**

Programs under the jurisdiction of the Division of Occupational Licensing are administered in accordance with the Americans with Disabilities Act. Special accommodations are made through the testing agency.

### **RENEWAL INFORMATION**

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 IFCI Category(ies) and the Alaska state-specific examinations within the current renewal year must be provided with the renewal application.



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FOR OFFICE USE ONLY

APPLICATION FOR CERTIFICATION
AS AN UNDERGROUND STORAGE TANK WORKER

FEES: \$ 50.00 Nonrefundable Application Fee
\$105.00 Certification Fee per Category

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Day Telephone: \_\_\_\_\_
(Required by AS 08.01.060)

The required examination has been passed in the category(ies) for which I am applying, including the Alaska state-specific examination.

[ ] Yes, I have attached a copy of test results. [ ] No

Date(s) Passed: \_\_\_\_\_

Indicate the category(ies) for which you are applying:

- [ ] Installation, including repairs and significant reconfiguration
[ ] Tank tightness testing
[ ] Inspector
[ ] Closure, including removal (decommissioning)
[ ] Cathodic protection 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.

Table with 5 columns: Manufacturer, Test Method, Training Location, Dates Attended, By Exam Yes/No

IF YOU ARE CURRENTLY LICENSED OR CERTIFIED IN ANOTHER STATE AS AN UNDERGROUND STORAGE TANK WORKER, COMPLETE THE FOLLOWING AND FOLLOW THE INSTRUCTIONS LISTED ON PREVIOUS PAGE UNDER CERTIFICATION BY RECIPROCITY.
Table with 4 columns: State, Certification Date, By Exam (Yes/No), Other



**Underground Storage Tank Worker (Continued)**

I HEREBY CERTIFY that this information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain certification or the subsequent revocation of my certification (18 AAC 78.470). I also agree to comply with the Standards of Practice set out in 18 AAC 78.455.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_



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APPLICATION FOR CERTIFICATION
AS AN UNDERGROUND STORAGE TANK INSPECTOR

FEES: \$ 50.00 Nonrefundable Application Fee
\$ 105.00 Certification Fee per Category

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Day Telephone: \_\_\_\_\_
(Required by AS 08.01.060)

1. CURRENT CERTIFICATION

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

- Underground Storage Tank Installation and Retrofit
Underground Storage Tank Cathodic Protection Testing

My UST Worker Certification Number is \_\_\_\_\_, which expires \_\_\_\_\_.

2. RELEVANT COURSE WORK

I am providing the following information:

- 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).
Proof of attending an inspector orientation course provided by the Department of Environmental Conservation in the last two years (certificate attached).

3. FEES

I have enclosed an application fee for \$155.00 in a check made payable to the "State of Alaska."

I HEREBY CERTIFY that this information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain certification or the subsequent revocation of my certification (18 AAC 78.470). I also agree to comply with the Standards of Practice set out in 18 AAC 78.455.

Date

Signature of Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

Notary Public

My Commission Expires: \_\_\_\_\_

**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.

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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 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.

### REGULATED TANKS

Please list only projects associated with "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 from 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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**VERIFICATION OF WORK EXPERIENCE FOR CERTIFICATION  
 AS AN UNDERGROUND STORAGE TANK WORKER**

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.**

**This form is NOT TO BE completed by the applicant.**

I, \_\_\_\_\_ of \_\_\_\_\_  
 Printed Name Title  
 \_\_\_\_\_ certify the working experience, listed below as  
 Representing  
 being satisfactorily performed by \_\_\_\_\_  
 Applicant's Name

**Please be specific regarding type of work and dates of work performed by the applicant. (SEE SEPARATE INSTRUCTION SHEET.)**

**PROJECT #1**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_

**PROJECT #2**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_

SIGN HERE

Signature

**UST Certification Number**

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the state of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

NOTARY

Notary Public



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**VERIFICATION OF WORK EXPERIENCE FOR CERTIFICATION  
 AS AN UNDERGROUND STORAGE TANK WORKER**

Please use a separate form for each category.

**CLOSURE, INCLUDING REMOVAL (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.**

**This form is NOT TO BE completed by the applicant.**

I, \_\_\_\_\_ of \_\_\_\_\_  
 Printed Name Title  
 \_\_\_\_\_ certify the working experience, listed below as  
 Representing  
 being satisfactorily performed by \_\_\_\_\_  
 Applicant's Name

**Please be specific regarding type of work and dates of work performed by the applicant. (SEE SEPARATE INSTRUCTION SHEET.)**

**PROJECT #1**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECT #2**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGN HERE



Signature

**UST Certification Number**

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the state of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY



Notary Public

SEAL

My Commission Expires: \_\_\_\_\_



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**VERIFICATION OF WORK EXPERIENCE FOR CERTIFICATION  
 AS AN UNDERGROUND STORAGE TANK WORKER**

Please use a separate form for each category.

**TANK TIGHTNESS 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. **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.**

**This form is NOT TO BE completed by the applicant.**

I, \_\_\_\_\_ of \_\_\_\_\_  
Printed Name Title  
 \_\_\_\_\_ certify the working experience, listed below as being  
Representing  
 satisfactorily performed by \_\_\_\_\_.  
Applicant's Name

**Please be specific regarding type of work and dates of work performed by the applicant. (SEE SEPARATE INSTRUCTION SHEET.)**

**PROJECT #1**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECT #2**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGN HERE



Signature

**UST Certification Number**

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the state of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

NOTARY



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**VERIFICATION OF WORK EXPERIENCE FOR CERTIFICATION  
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Please use a separate form for each category.

**CATHODIC PROTECTION 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. **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.**

**This form is NOT TO BE completed by the applicant.**

I, \_\_\_\_\_ of \_\_\_\_\_  
Printed Name Title  
 \_\_\_\_\_ certify the working experience, listed below as  
Representing  
 being satisfactorily performed by \_\_\_\_\_.  
Applicant's Name

**Please be specific regarding type of work and dates of work performed by the applicant. (SEE SEPARATE INSTRUCTION SHEET.)**

**PROJECT #1**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECT #2**

Tank Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 UST Facility and Tank I.D. Number(s): \_\_\_\_\_ Date of Project: \_\_\_\_\_  
 Description of work performed by applicant - include tank size and product: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGN HERE

Signature

**UST Certification Number**

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the state of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY

Notary Public

SEAL

My Commission Expires: \_\_\_\_\_



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**VERIFICATION OF WORK EXPERIENCE FOR CERTIFICATION  
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**THIS FORM TO BE COMPLETED ONLY IF APPLYING BY RECIPROCITY.**

**PART I. (Please PRINT)**

**APPLICANT:** Complete Part I. Then forward to the state in which you were examined and certified for completion of Parts II and III below. This form is to be sent directly from the licensing agency to this division. All costs associated with compliance of this request should be prepaid by you.

Name: \_\_\_\_\_  
 Last First MI Maiden

Address: \_\_\_\_\_  
 Street City State Zip Code

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

**THE INFORMATION BELOW MUST BE COMPLETED BY THE APPROPRIATE STATE LICENSING AGENCY.  
 IT IS NOT TO BE COMPLETED BY THE APPLICANT.  
 PLEASE DO NOT DETACH**

**PART II.**

The above-named applicant is applying for certification as an underground storage tank worker in the State of Alaska. Please complete the following and return to the Division of Occupational Licensing at the address listed above.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Name of Title of License: \_\_\_\_\_

Basis of Certificate:  Exam (Date: \_\_\_\_\_)  
 Credentials  Other, please specify: \_\_\_\_\_

Status:  Current  Inactive  Lapsed Expiration Date: \_\_\_\_\_

Has this certificate ever been the subject of any licensing action?  Yes  No Date: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



**PART III.**

The examination was administered by \_\_\_\_\_  
on \_\_\_\_\_ (Testing Agency)

The examination consisted of the following categories:

Written:

- |                                |                          |     |                          |    |
|--------------------------------|--------------------------|-----|--------------------------|----|
| 1. Installation                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Closure                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Tank Tightness Testing      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Cathodic Protection Testing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Please list any additional subjects examined with achieved scores or any additional statement you may consider valuable to the evaluation of this application.

**Comments:**

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SEAL

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
State of: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_

Thank you for your assistance.



**PLEASE RETURN THIS FORM DIRECTLY TO:**

**State of Alaska  
Department of Community and Economic Development  
Division of Occupational Licensing  
Underground Storage Tank Worker Program  
P.O. Box 110806  
Juneau, Alaska 99811-0806**