



State of New Jersey

Department of Environmental Protection

DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT

BUREAU OF UST Compliance and Enforcement

Mail Code 09-03, P.O Box 420

Trenton, NJ 08625-0420

Tel. (609)-633-1205 * Fax. (609)-292-3970

www.nj.gov/dep/exams

PHILIP D. MURPHY
Governor

DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT

SHAWN LaTOURETTE
Commissioner

TAHESHA L. WAY
Lt. Governor

Firm Certification Application

TYPE OF LICENSE: REGULATED USTS OR UNREGULATED HEATING OIL TANKS (UHOT)

TYPE OF APPLICATION: INITIAL RENEWAL MODIFICATION

CERTIFICATION NUMBER

CERTIFICATION NUMBER

GENERAL FIRM INFORMATION

Firm Name _____

Street Address _____

(Physical Location of Firm)

No. & Street

City

State

County

Zip Code

(If company has more than one physical location, attach additional addresses. Firm certificates must be displayed at each location)

Owners Name _____

Telephone Number _____ Email Address _____

Mailing Address _____

(If different from above)

No. & Street

City

State

County

Zip Code

CATAGORIES OF CERTIFICATION

Regulated Tanks	Unregulated Heating Oil Tanks (UHOT)
Cathodic Protection (check one) <input type="checkbox"/> Specialist <input type="checkbox"/> Tester	Cathodic Protection (check one) <input type="checkbox"/> Specialist <input type="checkbox"/> Tester
<input type="checkbox"/> Closure (Decommission) <input type="checkbox"/> Closure – waste oil tanks only	<input type="checkbox"/> Closure (Decommission)
Installation (check one) <input type="checkbox"/> Entire <input type="checkbox"/> Entire – waste oil tanks only <input type="checkbox"/> Release Detection Monitoring (RDM) only <input type="checkbox"/> Service Technician	<input type="checkbox"/> Installation - Entire
<input type="checkbox"/> Tank Testing <input type="checkbox"/> Tank Testing – waste oil tanks only	<input type="checkbox"/> Tank Testing
	<input type="checkbox"/> Subsurface Evaluation (SSE)

FINANCIAL RESPONSIBILITY INSURANCE

TYPE OF MECHANISM (Attach documentation coverage is current)

[] Liability Insurance OR [] Bond, Letter of Credit or Self-Insurance

FEE SCHEDULE

Initial or renewal fee = \$50

Modification fee = \$50 – change to Firm name, address or addition/removal of certification categories made not during a renewal.

- For modifications, the firm must return the original wall certificate(s) for replacements to be issued. Each additional wall certificate = \$15 - number of extra wall certificates requested __
- Adding or removing a certifying officer without changing the category subtypes= No fee.

CERTIFYING OFFICER(S)

A Certifying Officer is a certified individual who is either a owner, partner or officer of the firm. The certifying officer must be a full-time employee of the firm and maintain the same category of service as the category which the firm is applying for.

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.
[Certification pursuant to N.J.A.C. 7:14B-1.7(d)]

I acknowledge the name, mailing and email addresses included here are accurate for purposes of receiving communication from NJDEP; and I agree to correct or update the General Firm Information given to NJDEP if a change occurs.

Name

Signature

Title

UST Certification Number

Date

Name

Signature

Title

UST Certification Number

Date

Name

Signature

Title

UST Certification Number

Date

*To add more than three (3) certifying officers; copy page and attach.

THIS FORM SUPERCEDES AND NEGATES ALL DOCUMENTATION PREVIOUSLY FILED. THIS INCLUDES CATEGORIES OF CERTIFICATION FOR THE BUSINESS AND OFFICERS CERTIFYING THE BUSINESS FIRM.