

LICENSING INFORMATION FOR UNDERGROUND STORAGE TANK INSTALLER

Any company that installs underground storage tank systems must have a licensed employee on the jobsite during the installation process regardless of whether installing USTs for itself or another company.

THE APPLICATION PROCESS

- 1) Application and supporting documents need to be submitted to the Oklahoma Corporation Commission (OCC) Petroleum Storage Tank Division (PSTD) along with a \$50.00 check or money order made out to the OCC / PSTD for the application fee. Application fees are non-refundable. **DO NOT INCLUDE THE LICENSING FEE OR YOUR APPLICATION AND ORIGINAL PAYMENT WILL BE RETURNED.**
- 2) If the application is approved, then you will receive an approval to test letter in the mail. Technology centers will be administering the tests at 53 locations across the State of Oklahoma. To find a testing location go to: www.okhccp.com. If your application is denied or more information is needed, we will send you a denial letter or request more information.
- 3) Applicants **MUST** contact the testing center to find out what type of payment is accepted (check, cash, or credit card). The testing centers charge \$100 per test, this is in addition to the \$50.00 OCC fees. An appointment to take the test **MUST** be scheduled.
- 4) After the test is completed, the testing center will provide a coaching report to the applicant showing the test score.
- 5) Once a week the Petroleum Storage Tank Division will have the ability to download the scores. If a passing score of 80% or more is obtained, then you will receive an invoice for the license fee. Upon payment, your license will be issued.
- 6) If a passing score is not received, you will receive another approval to test letter that will be valid 30 days after the date of the original test. After the 30-day waiting period, you may contact the testing center to reschedule the test. You will be required to pay another testing fee.
- 7) All examinations and licensing procedures must be completed within one (1) year of approval of the application. Failure to complete the exam and licensing procedures will result in forfeiture of fees and will require a new application and appropriate fees.
- 8) **All applicants must provide a copy of their 40-hour HAZWOPER certificate along with their application.**
- 9) Continuing education is required to maintain a UST Installer license; this consists of four (4) hours of continuing education through a PSTD-accredited program every year. Licensees may request to rollover a maximum of four (4) credit hours from the current year to satisfy the following year's continuing education requirements. Approval of any rollover hours will be at the discretion of PSTD after evaluating the class, course, or seminar. **In addition, a copy of the 8-hour HAZWOPER refresher will be required for renewal.**

The OCC's General Rules and Regulations Governing Underground Storage Tanks can be found on the OCC website at <https://oklahoma.gov/occ.html> under Divisions > Petroleum Storage Tank > Rules and Industry Standards. The following materials will help you prepare for the test:

- Oklahoma Corporation Commission Chapter 25, Underground Storage Tank Rules
- American Petroleum Institute (API) Recommended Practice 1615, Installation of Underground Petroleum Storage Systems
- Petroleum Equipment Institute (PEI) RP 100, Recommended Practices for Installation of Underground Liquid Storage Systems
- Occupational Safety and Health Administration (OSHA) excavation safety requirements
- National Fire Protection Association (NFPA) Flammable and Combustible Liquids Code (NFPA 30), and Code for Motor Fuel Dispensing Facilities and Repair Garages (NFPA 30A)

FEES

Application fee	\$ 50.00
License Fee	\$100.00
Annual License Renewal Fee	\$100.00
Technology Center Fee (paid directly to the testing site)	\$100.00

OKLAHOMA CORPORATION COMMISSION
Petroleum Storage Tank Division
P.O. Box 171
Oklahoma City, OK 73101

APPLICATION FOR
UNDERGROUND STORAGE TANK INSTALLER

(PLEASE TYPE OR PRINT)

Name of Applicant: _____ Date: _____

Social Security Number: _____

Home Mailing Address: _____ Home/Cell Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____ Phone: _____

Which address would you prefer to receive mail pertaining to your license?

Home: _____ Office: _____

Attach a copy of your 40 hour Hazwoper and the 8 hour refresher certificates.

List any related professional registrations and licenses you hold. Include type of license, license number, issuing agency, date issued, and expiration date:

If you have had a business or occupational license or certificate suspended or revoked, give the date and nature of the suspension/revocation.

Work experience related to underground storage tank installations (begins with present position and list prior employers):

Dates Employed	Employer	Address	Phone Number

Are you an honorably discharged member of the Armed Forces?
Yes No If yes, please attach a copy of your DD-214.

Are you an active-duty member of the Armed Forces?
Yes No If yes, please attach a copy of your active duty ID card.

Is your spouse an active-duty member of the Armed Forces in any state?
Yes No If yes, please attach a copy of your dependent ID card.

Is your spouse subject to a military transfer to this state?
Yes No If yes, please provide a copy of the transfer papers.

Did you leave employment in another state to accompany your spouse to this state?
Yes No

Are you certified or licensed in another state to perform Underground Storage Tank Installer duties?
Yes No If yes, please attach a copy of your license.

Applicant must demonstrate that he/she has two (2) years related UST work experience within the last five (5) years and show evidence that he/she has actively participated in the completion of three (3) UST installation activities. The supervisor must fill out the attached forms and verify the work performed. If the applicant is a current UST license holder in another state, work experience performed in that state under that license may be submitted for work performed below. Attach a copy of current licenses. List references below.

1) Contractor/Company Name: _____

Supervisor's Name: _____ Phone: _____

Facility Name: _____

Owner's Name: _____ Phone: _____

Date of Job: _____

Supervisor must state in detail the type of work that applicant **actively participated** in at this site: _____

Supervisors Signature: _____

Supervisors Name Printed: _____

Supervisor's Phone Number: _____

Subscribed and Sworn before me this ____ Day of _____, 20__

Notary Public

My Commission Number _____ My Commission Expires _____

County of: _____

State of: _____

2) Contractor/Company Name: _____

Supervisor's Name: _____ Phone: _____

Facility Name: _____

Owner's Name: _____ Phone: _____

Date of Job: _____

Supervisor must state in detail the type of work that applicant **actively participated** in at this site: _____

Supervisors Signature: _____

Supervisors Name Printed: _____

Supervisor's Phone Number: _____

Subscribed and Sworn before me this ____ Day of _____, 20__

Notary Public

My Commission Number _____ My Commission Expires _____

County of: _____

State of: _____

3) Contractor/Company Name: _____

Supervisor's Name: _____ Phone: _____

Facility Name: _____

Owner's Name: _____ Phone: _____

Date of Job: _____

Supervisor must state in detail the type of work that applicant **actively participated** in at this site: _____

Supervisors Signature: _____

Supervisors Name Printed: _____

Supervisor's Phone Number: _____

Subscribed and Sworn before me this ___ Day of _____, 20__

Notary Public

My Commission Number _____ My Commission Expires _____

County of: _____

State of: _____

I hereby make application for license as required by the Oklahoma Corporation Commission's General Rules and Regulations Governing Underground Storage Tanks (OAC 165:25). In making this application, I certify that I will comply with all Petroleum Storage Tank Division rules and requirements for underground storage tanks, applicable Occupational Safety and Health Administration (OSHA) and Hazardous Waste Operations and Emergency Response (HAZWOPER) standards, that I am at least 18 years of age and that statements made herein are true to the best of my knowledge and belief.

APPLICANT SIGNATURE

NAME (TYPE OR PRINT)

COMPLETE SECTION “A” OR “B” AS FOLLOWS:

A. If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

<input type="checkbox"/>	Driver’s license or ID card issued by a state or outlying possession of the United States, provided it contained a photograph or information such as name, date of birth, gender, height, eye color and address;
<input type="checkbox"/>	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address;
<input type="checkbox"/>	U.S. Military card or draft record;
<input type="checkbox"/>	Military dependent’s ID card;
<input type="checkbox"/>	Native American tribal document;
<input type="checkbox"/>	A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;
<input type="checkbox"/>	United States Passport (except limited passports, which are issued for periods of less than five years);
<input type="checkbox"/>	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
<input type="checkbox"/>	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;
<input type="checkbox"/>	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);
<input type="checkbox"/>	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);
<input type="checkbox"/>	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);
<input type="checkbox"/>	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
<input type="checkbox"/>	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside of the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
Alien Lawfully Admitted for Permanent Residence	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
<input type="checkbox"/>	Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

B. If you are a qualified alien, please bring one of the original, unexpired documents to the Oklahoma Corporation Commission with your application. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input type="checkbox"/>	INS Form I-94 (arrival/departure record to be completed by all persons except U.S. Citizens;
<input type="checkbox"/>	INS Form I-688B (employment authorization document) (issued prior to 10/01/2006);
Asylee:	
<input type="checkbox"/>	INS Form I-94 (annotated with stamp showing grant of asylum under § 208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated “27 a.12 (a) (5)”;
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated “AS”;
<input type="checkbox"/>	Grant letter from the Asylum Office of INS; or
<input type="checkbox"/>	Order of an immigration judge granting asylum.
Refugee:	

<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under § 207 of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)";
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"; or
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document).
Alien Paroled Into the U.S. for at least one year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under § 212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3".
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3".
Other Document	
<input type="checkbox"/>	_____

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, will be cause for denial or loss of licensure and will subject me to criminal penalties under the immigration laws of the State of Oklahoma.

[Signature of Applicant]

I certify that on the date set forth below, the individual named above appeared personally before me and that I did identify this applicant by: (1) comparing his/her physical appearance with the photograph or the identifying document presented by the applicant and with the photograph affixed hereto; and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

(Seal)

My Commission Number:
