

## LICENSING INFORMATION FOR VAPOR MONITORING WELL TECHNICIAN

- 1) Application and supporting documents need to be submitted to the Oklahoma Corporation Commission (OCC) Petroleum Storage Tank Division (PSTD) along with a \$75.00 check or money order made out to the OCC / PSTD for the application and testing fees. All application fees are non-refundable. **DO NOT INCLUDE THE LICENSING FEE OR YOUR APPLICATION AND ORIGINAL PAYMENT WILL BE RETURNED.**
- 2) If your application is approved, you will be contacted by a Compliance Analyst to schedule a date and time for you to bring in your vapor monitoring machine and demonstrate your ability to calibrate the machine.
- 3) If your application is denied or more information is needed we will send you a denial letter or request more information.
- 4) If you pass the test, we will mail you your licensing invoice
- 5) Your license will be mailed out as soon as we receive the license fee.
- 6) All examinations and licensing procedures must be completed within one (1) year of approval of the application. Failure to complete will result in forfeiture of fees and will require a new application and appropriate fees.

The OCC's General Rules and Regulations Governing Vapor and Groundwater Well Monitoring can be found on the OCC website at <https://oklahoma.gov/occ.html> under Divisions > Petroleum Storage Tank > Rules and Industry Standards > Chapter 25, rule citations: OAC 165:25-3-6.23 Testing or monitoring for vapors, OAC 165:25-3-6.24, Testing or monitoring for liquids on the groundwater, and OAC 165:25-1-103, Licensing procedure for Monitoring Well Technician. "Guidelines For The Use of Monitoring Wells For Monthly Release Detection" is a document found on the OCC website, under the Petroleum Storage Tank > Forms and Guidance > Compliance Forms and Guidance. The guidance document and OCC forms for both vapor and groundwater monitoring can be found under the Release Detection heading.

### FEES

Application fee	\$ 50.00
Testing Fee	\$ 25.00
License Fee	\$100.00
Annual License Renewal Fee	\$100.00

OKLAHOMA CORPORATION COMMISSION  
Petroleum Storage Tank Division  
P.O. Box 171  
Oklahoma City, OK 73101-9918

APPLICATION FOR  
VAPOR MONITOR WELL TECHNICIAN

(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: \_\_\_\_\_ Company: \_\_\_\_\_

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

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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 Vapor Monitoring Well Technician duties?

Yes  No  If yes, please attach a copy of your license.

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

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Current Equipment (make and model) \_\_\_\_\_

Please attach a copy of the owner's manual.

*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 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"/>	<b>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;</b>
<input type="checkbox"/>	<b>ID card</b> 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"/>	<b>U.S. Military card</b> or draft record;
<input type="checkbox"/>	<b>Military dependent’s ID card;</b>
<input type="checkbox"/>	<b>Native American tribal document;</b>
<input type="checkbox"/>	<b>A birth certificate</b> 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"/>	<b>United States Passport</b> (except limited passports, which are issued for periods of less than five years);
<input type="checkbox"/>	<b>Report of birth abroad of a U.S. citizen (FS-240)</b> (issued by the Department of State to U.S. citizens);
<input type="checkbox"/>	<b>Certificate of birth (FS-545)</b> (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"/>	<b>Certificate of Naturalization (N-550 or N-570)</b> (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"/>	<b>Certificate of Citizenship (N-560 or N-561)</b> (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"/>	<b>United States Citizen Identification Card (I-197)</b> (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"/>	<b>Northern Mariana Identification Card</b> (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"/>	<b>Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen</b> (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);
<b>Alien Lawfully Admitted for Permanent Residence</b>	
<input type="checkbox"/>	<b>INS Form I-551</b> (Alien Registration Receipt Card, commonly known as a “green card”); or
<input type="checkbox"/>	<b>Unexpired Temporary I-551</b> 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.**

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

<b>Refugee:</b>	
<input type="checkbox"/>	<b>INS Form I-94</b> annotated with stamp showing admission under § 207 of the INA;
<input type="checkbox"/>	<b>INS Form I-688B</b> (Employment Authorization Card) annotated "274 a.12 (a) (3)";
<input type="checkbox"/>	<b>INS Form I-766</b> (Employment Authorization Document) annotated "A3"; or
<input type="checkbox"/>	<b>INS Form I-571</b> (Refugee Travel Document).
<b>Alien Paroled Into the U.S. for at least one year:</b>	
<input type="checkbox"/>	<b>INS Form I-94</b> 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.)
<b>Alien Whose Deportation or Removal Was Withheld:</b>	
<input type="checkbox"/>	<b>INS Form I-94</b> with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	<b>INS Form I-688B</b> (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	<b>INS Form I-766</b> (Employment Authorization Document) annotated "A3".
<b>Alien Granted Conditional Entry:</b>	
<input type="checkbox"/>	<b>INS Form I-94</b> with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	<b>INS Form I-688B</b> (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	<b>INS Form I-766</b> (Employment Authorization Document) annotated "A3".
<b>Other Document</b>	
<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:

\_\_\_\_\_