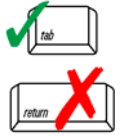




**Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Underground Storage Tank Program**

Third-Party Inspector Qualifications Statement

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Contact Information as it Will Appear in MassDEP Records (please print)

First Name _____ Last Name _____

Company Name (if Applicable) _____

Address _____

City/Town _____ State _____ Zip Code _____

Email Address _____ Telephone Number _____ Cell Home Office

B. Required Third-Party Inspector Qualifications (527 CMR 9.02)

1. Attended Third-Party Inspector Training required by the State Fire Marshall and/or MassDEP?

(If Yes, please provide the requested information as to location and date.)

Yes No _____ Location _____ Date (MM/DD/YYYY) _____

2. Hold at least one of the following qualifications?

(Check all that apply and provide the requested information and attached documentation as applicable.)

<input type="checkbox"/> Massachusetts Registered Professional Engineer (PE)	_____	_____	<input type="checkbox"/> Copy Attached
	License Number	Expiration Date (MM/DD/YYYY)	
<input type="checkbox"/> Massachusetts Licensed Site Professional (LSP)	_____	_____	<input type="checkbox"/> Copy Attached
	License Number	Expiration Date (MM/DD/YYYY)	
<input type="checkbox"/> UST Inspector Certification issued by an independent organization (e.g., API, ICC, NFPA, etc)	_____	_____	<input type="checkbox"/> Copy Attached
	Certification Number	Expiration Date (MM/DD/YYYY)	
<input type="checkbox"/> UST Inspector Certification issued by an agency of another state approved by the State Fire Marshal or MassDEP.	_____	_____	<input type="checkbox"/> Copy Attached
	Certification Number	Expiration Date (MM/DD/YYYY)	
<input type="checkbox"/> UST "training and experience" approved by the State Fire Marshal or MassDEP.	<input type="checkbox"/> Copy of Approval Attached	_____	<input type="checkbox"/> Copy of Resume Attached
		Approval Date (MM/DD/YYYY)	

C. Signature Statement

I certify that I have personally prepared the foregoing and that the information provided including all attachments are true, accurate and complete.

Printed Name _____ Signature _____ Date (MM/DD/YYYY) _____