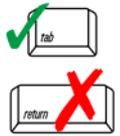




**Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Underground Storage Tank Program**

**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 (prior to 9/30/2009)**

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Completed on-line UST Inspector Certification Training required by MassDEP (10/1/2009 forward)**

Copy Attached

**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)	_____ License Number	_____ Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Copy Attached
<input type="checkbox"/>	Massachusetts Licensed Site Professional (LSP)	_____ License Number	_____ Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Copy Attached
<input type="checkbox"/>	<b>UST Inspector Certification</b> issued by an independent organization (e.g., API, ICC, etc)	_____ Certification Number	_____ Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Copy Attached
<input type="checkbox"/>	<b>UST Inspector Certification</b> issued by an agency of another state approved by the State Fire Marshal or MassDEP	_____ Certification Number	_____ Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Copy Attached
<input type="checkbox"/>	<b>Documentation of UST "training and experience"</b>			
	A. UST training and experience approved by the State Fire Marshal, <u>or</u>			<input type="checkbox"/> Copy of Approval Attached
	B. Training and experience in the field of UST management, testing and inspection			<input type="checkbox"/> Copy of <i>Resume</i> Attached

**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)