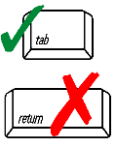




**Massachusetts Department of Environmental Protection**  
**Bureau of Air & Waste**  
**Underground Storage Tank (UST) Program**  
**UST/TPI – Third-Party Inspector Certification or Renewal**

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



**A. Type of Application & Qualifications - 310 CMR 80.49(4)**

**New Certification**

You must check at least one box below, plus box 4.

- 1. I have at least three (3) years of field experience with UST installation and/or operation and maintenance. **Note: Attach resume.**
- 2. I have assisted one or more qualified TPIs with at least ten (10) third-party UST inspections over the last three (3) years. **Note: Attach statements from the TPI(s) you have assisted.**
- 3. I hold a current UST TPI certification from another state and have completed at least ten (10) third-party UST inspections over the last three (3) years.  
 State:  
 TPI Number:  
**Note: Attach documentation.**
- 4. I have taken and passed the MassDEP UST Third-Party Inspector Exam.  
 Date (MM/DD/YYYY):

**Renewal – TPI Number:**

You must check **all** four boxes below.

- 1. I am submitting this renewal application at least 90 days before my current UST TPI certification expires.  
 Expiration Date (MM/DD/YYYY):
- 2. I have completed the required training.  
 Name of Training:  
 Date (MM/DD/YYYY):
- 3. I have completed at least six (6) UST third-party inspection reports during my three (3) year certification period.
- 4. I have always complied with the MassDEP TPI Performance Standards and Prohibitions found at 310 CMR 80.49(5) & (6).

**B. Contact Information – Please type or print.**

First Name	Last Name	
Address 1		
Address 2		
City/Town	State	Zip Code
Email Address (Required)	Telephone Number	

**C. Signature Statement**

“I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

Printed Name	Signature	Date (MM/DD/YYYY)
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Submit a scan of this completed and signed form to: [dep.ust@mass.gov](mailto:dep.ust@mass.gov)