|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Type of Application & Qualifications - 310 CMR 80.49(4) | | | | |
| New Certification  You must check at least one box below, plus box 4. | | Renewal – TPI Number:        You must check all four boxes below. | | |
| 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):  Date (MM/DD/YYYY): | | 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). | | |
| 1. 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) |
|  |  | | |  |
| **Submit a scan of this completed and signed form to:** [dep.ust@mass.gov](mailto:dep.ust@mass.gov) | | | | |