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| 1. Type of Application & Qualifications - 310 CMR 80.49(4)
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| [ ]  New CertificationYou 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 |  |
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| **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  |