



**Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program**

UST/TPIN – New Third-Party Inspector Certification

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 – Please type or print.

First Name

Last Name

Address 1

Address 2

City/Town

State

Zip Code

Email Address (Required)

Telephone Number

B. Certification: Third-Party Inspector (TPI) Qualifications - 310 CMR 80.49(4)

1. Document your expertise in the field of UST installation or operation/maintenance by checking the appropriate box below.

☐ I have at least five (5) years of work experience **or**

☐ I have at least three (3) years of work experience **and** a bachelor's or associate's degree in science or engineering

2. Document your hands-on UST system inspection experience by checking the appropriate box(es) below and providing or attaching the requested information.

☐ I have assisted one or more qualified TPIs with at least ten (10) UST inspections over the last three (3) years. Note: Attach statement(s) from the TPI(s) you assisted

☐ I hold a TPI certification from another state and have completed at least ten (10) UST inspections within the last three (3) years.

State

TPI Number

3. Document that you have taken and passed all required certification examinations by checking the boxes below and attaching the appropriate documentation (i.e. Massachusetts and International Code Council (ICC) certifications).

☐ MassDEP Third-Party Inspector Exam – Taken on: _____ Date (MM/DD/YYYY)

☐ ICC UST Installation & Retrofitting Exam (#U1)

☐ ICC UST Decommissioning Exam (#U2)

☐ ICC UST Tank Tightness Exam (#U3)

☐ ICC UST Cathodic Protection Exam (#U4)

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@state.ma.us



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