



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

UST

FOR DIVISION USE ONLY

Underground Storage Tank Worker Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2050

Email: UndergroundStorageTankWorkers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker

Underground Storage Tank Worker Certification Renewal

January 1, 2024 – December 31, 2025

- Your certification lapses after December 31, 2023. There is no grace period — it is illegal to work if your certification has lapsed.
- Emailed applications cannot be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.
- You may only renew for certification types which you are currently certified for and meet the exam requirements.

PART I Payment of Fees

Certification Types: (\$60 per Selection)	<input type="checkbox"/> Inspector	<input type="checkbox"/> Tank Tightness Tester	<input type="checkbox"/> Closure (Removal and Decommissioning)
	<input type="checkbox"/> Installation (Including Repairs, Upgrades, and Reconfigurations)	<input type="checkbox"/> Cathodic Protection Tester	
Required Fees:	Number of Certification Types: _____ x \$60.00		Total: \$ _____
	<i>(Full Term – For licenses first issued on or before December 31, 2022)</i>		
	Number of Certification Types: _____ x \$30.00		Total: \$ _____
	<i>(Prorated – For licenses first issued on or after January 1, 2023)</i>		

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	Alaska UST Certification Number:
<i>If you have had a legal name change since your last certification was issued, you must complete a <u>Change of Name form</u>.</i>	
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street City State Zip
Contact Phone:	Date of Birth:
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.	
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.	
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska certificate was issued or renewed:

1. Have you had a professional certification, registration, or license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities, or is any such action pending?
 Yes
 No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes but is not limited to a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
 Yes
 No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART IV Department of Environmental Conservation Employees

The following section (Part IV) must be completed and signed by your supervisor.

Regulation 18 AAC 78.480(e) – Certification issued to a Department of Environmental Conservation employee under this chapter expires automatically on the employee's last day of employment with the department. If the employee wishes to become certified as an underground storage tank worker after leaving department employment, he or she must meet the requirements of all applicable state laws, including 18 AAC 78.415 and 18 AAC 78.455, and pay all required fees. Department employees are not required to pay the certification fee; however, all other requirements for renewal apply.

I attest that the person named below is currently employed with the Department of Environmental Conservation.

Employee Name:			
Supervisor Printed Name:			
Supervisor Signature:		Date Signed:	

PART V Statement of Compliance

For each category you are certified in, provide evidence of compliance by exam or work experience.

Exam: To renew your license, you must pass the underground storage tank worker examination in all categories for which you are currently certified. If you passed the PEI RP-100 for Installer, PEI RP-900 for Inspector, NACE or STI for Cathodic Protection Tester, manufacturer's training and certification for Tank Tightness Tester, International Code Council (ICC) for Decommissioning, and ICC for Alaska UST Laws and Rules examinations since January 1, 2023; you do not need to retake these exams for this renewal. However, you must submit a copy of your exam results showing you have passed these exams.

- or -

Work Experience: If you have consecutively maintained the same UST worker identification (license) number in a specific category from December 31, 2015 through December 31, 2023, you are only required to pass the examination for every third renewal (i.e., December 31, 2025, December 31, 2031, December 31, 2037) for that category of certification. However, you must complete the Work Experience section below for all categories in which you are certified by providing the following information:

- Provide both facility numbers.
- Perform at least two (2) underground storage tank projects in the category during 2023.

Installation and Retrofit	<input type="checkbox"/> Exam: Attach a copy of your exam results. - or - <input type="checkbox"/> Work Experience: Provide both facility numbers:			
	Facility Number:		Facility Number:	
Cathodic Protection Tester	<input type="checkbox"/> Exam: Attach a copy of your exam results. - or - <input type="checkbox"/> Work Experience: Provide both facility numbers:			
	Facility Number:		Facility Number:	
Inspector	<input type="checkbox"/> Exam: Attach a copy of your exam results. - or - <input type="checkbox"/> Work Experience: Provide both facility numbers:			
	Facility Number:		Facility Number:	
Tightness Tester	<input type="checkbox"/> Exam: Attach a copy of your exam results. - or - <input type="checkbox"/> Work Experience: Provide both facility numbers:			
	Facility Number:		Facility Number:	
Removal and Decommissioning	<input type="checkbox"/> Exam: Attach a copy of your exam results. - or - <input type="checkbox"/> Work Experience: Provide both facility numbers:			
	Facility Number:		Facility Number:	



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Signature Page

Applicant Name:	
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PART VI Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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General Information

EXAM INFORMATION:

Petroleum Equipment Institute:

<http://www.pei.org/rp100>

<http://www.pei.org/rp900>

National Association of Corrosion Engineers:

<https://www.nace.org/education/courses-by-program/cathodic-protection>

Steel Tank Institute:

<https://stispfa.org/education-and-training/>

International Code Council (ICC):

<https://shop.iccsafe.org/education-and-certification/certification/ust-ast/state-of-alaska-ust-laws-and-rules.html>

<https://shop.iccsafe.org/education-and-certification/certification/ust-ast/ust-decommissioning.html>

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Professional Licensing

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Phone: (907) 465-2550

Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	