



**Underground Storage Tank Worker Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2050

Email: [UndergroundStorageTankWorkers@Alaska.Gov](mailto:UndergroundStorageTankWorkers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker](http://ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker)

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## Underground Storage Tank Worker Certification by Examination Application Instructions

Regulation 18 AAC 78.400 requires that a person may not conduct, and an owner or operator may not allow to be conducted, any part of a UST installation, repair, reconfiguration, closure (decommissioning), tank tightness test, or cathodic protection test unless the person is certified by the Alaska Division of Corporations, Business and Professional Licensing.

### EXAMINATION PROCEDURES:

- Examination for installer is administered by Petroleum Equipment Institute (PEI) through their Recommended Practice (RP)-100, Installation of UST Systems: [pei.org/rp100](http://pei.org/rp100)
- Examination for closure is administered by Petroleum Equipment Institute (PEI) through their Recommended Practice RP1700-Tank Closure and Removal: [pei.org/rp1700](http://pei.org/rp1700)
- Examination for inspector is administered by PEI using RP-900, UST Inspection and Maintenance.
- Examination for cathodic protection tester may be administered by the National Association of Corrosion Engineers (NACE) or the Steel Tank Institute (STI): [my.amp.org/education/courses/courseschedule.aspx](http://my.amp.org/education/courses/courseschedule.aspx) and [stisfpa.org/education/trainings-courses/cathodic-protection-training](http://stisfpa.org/education/trainings-courses/cathodic-protection-training)
- Examination for tank tightness tester is administered by the manufacturer of the equipment the UST worker uses.
- The International Code Council (ICC) provides the examination for the Alaska Laws and Rules, administered by Pearson VUE: [iccsafe.org](http://iccsafe.org)

***The following documents must be submitted to this office before an applicant will be considered for underground storage tank worker certification by examination:***

### 1. APPLICATION

A completed and signed application (#08-4945, pages 1-4).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

Certification Fee per Category: \$ 60.00

### 3. VERIFICATION OF WORK EXPERIENCE

Work experience must be verified by an individual who can attest to satisfactory performance. Applicants seeking certification must have successfully completed at least two projects within the relevant category during the three years prior to applying. The division may, at its discretion, accept vocational training in place of field experience. Verification of satisfactory performance requires an endorsement from a person certified in Alaska for the category(ies) being sought or through an equivalent program from outside Alaska. A separate form (#08-4945a) is required for each category, and the person completing the form must provide a detailed and specific work statement to allow the division to determine successful project completion.

### 4. PROOF OF EXAM

Proof of passing category examination(s) and the Alaska Laws and Rules within one year from the date of application. (Contact the division if you live in a remote site and need assistance in testing.)

**18 AAC 78.415. CERTIFICATION REQUIREMENTS.**

(d) If the application is for inspection, the applicant shall also obtain and maintain certification in UST installation and cathodic protection. An applicant may apply for certification in UST inspection while an application for certification in UST installation or cathodic protection is pending; however, the division will not issue or renew a certification for inspection unless the applicant is certified in UST installation and cathodic protection.

**18 AAC 78.425. WORK EXPERIENCE AND EDUCATION REQUIREMENTS.**

(b) A person seeking to become a certified inspector shall show proof of completion within two years before the date of application of

- (1) at least one nationally recognized training course, class, examination, or workshop dealing with UST design, installation, testing, or inspection; and
- (2) an inspector orientation course provided by the department.

## General Information

### APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. 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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### DENIAL OF APPLICATION:

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### 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.

### BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or [BusinessLicense.Alaska.Gov](http://BusinessLicense.Alaska.Gov).

### STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### 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](http://ProfessionalLicense.Alaska.Gov). To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov).



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

**UST**

FOR DIVISION USE ONLY

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**Underground Storage Tank Worker Certification by Examination Application**

**PART I Certification(s) Held/Applying for**

I am currently certified by the State of Alaska in the following categories:

- Inspector       Cathodic Protection Tester       Tank Tightness Tester  
 Installation (including repairs and significant reconfiguration)       Closure (including removal and decommissioning)

UST Worker Certification Number:

Expiration Date:

I am applying to the following categories:

- Inspector       Cathodic Protection Tester       Tank Tightness Tester  
 Installation (including repairs and significant reconfiguration)       Closure (including removal and decommissioning)

**PART II Payment of Fees**

Required Fees:

- Non-Refundable Application Fee **\$100.00**  
 Certification Fee per Category \$ 60.00/Category \$ \_\_\_\_\_

**PART III Personal Information**

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

- Not Applicable  
 Other Names Used: \_\_\_\_\_

Mailing Address:

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:**       Send my Correspondence Electronically  
 Send my Correspondence by Mail

*Note: If both boxes are selected above, you will receive correspondence electronically.*

**SOCIAL SECURITY NUMBER:** AS 08.01.060 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 V** 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.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### **When in doubt, disclose and explain.**

#### ***Since the date your last Alaska certification was issued or renewed:***

Have you had a professional certification 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**

*\* If yes, has that suspension or revocation expired?*

- Yes**  
 **No**

## **PART VI** Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 46.03 and 18 AAC 78).



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**Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART VII Agreement**

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Work Experience Verification Form Instructions

### VERIFICATIONS

Work experience must be verified by a tank worker certified in the same category as the applicant. For example, a certified installer may verify installation work, but not cathodic protection work.

### CATEGORY

**Note:** Use a separate form for each category.

- **Installation** (including repairs and significant reconfiguration)
- **Closure** (including removal and decommissioning)
- **Cathodic Protection Tester**
- **Tank Tightness Tester**

A person who seeks certification shall have satisfactory performance on at least two projects in the category for which certification is sought during the three years immediately before application. This form is to be completed by a person who can attest to the applicant's work experience, and is a Certified Alaskan Underground Storage Tank Worker, or is certified under an equivalent program established outside of Alaska.

### PROJECTS

List two "specific" projects. Do not simply state that the applicant has performed "hundreds of installations at numerous locations." Also, the two projects must be geographically separate systems, not two tanks of the same systems. The project experience must include work on both tank and piping. List only projects associated with regulated underground storage tanks, or projects associated with unregulated underground storage tanks designed and installed to the same standards and practices as regulated underground storage tanks.

**For each of the two projects listed, include the following information:**

#### TANK FACILITY NAME AND LOCATION

This would include the tank owner and operator, along with a description of the facility and its use—for example, *Johnson's Service Station* or *Borough Fueling Facility*. Please also include the city and state (if outside Alaska). Additional descriptive details are optional.

#### DATE

List the month, day, and year of the project. All projects must have been completed within three years immediately preceding the date of application.

#### UST FACILITY AND TANK I.D. NUMBER

All "regulated" tank systems in Alaska have a facility and tank I.D. number (Example: 000123-1). You can obtain this information from the tank or facility owner. If your experience is at a military UST site, DO NOT USE the military identification or building number as a substitute for the Alaska I.D. number.

#### DESCRIPTION

**Tank Description:** List the tank size (gallons) and product that it has, or will, contain. *Provide any additional information to verify that this was a regulated tank - this will speed up the processing of your application.*

**Description of Work Performed:** Provide a *detailed* description of the work performed by the applicant on this project. "Removed tanks" or "Tested tanks" is not an adequate description. See 18 AAC 78.455 for the description of "Standards of Practice," which outlines the work tasks associated with each category.

**Closure Form:** Note that site assessment (i.e., field screening, soil sampling) work may not be used as experience for tank closure/decommissioning. Experience must be specific to the excavation, emptying, cleaning, removal, and disposal.

**Cathodic Protection Form:** Provide *specific* information about course work such as corrosion protection testing and corrosion engineering classes. *Include information about where and how you tested the cathodic protection equipment. The Cathodic Protection Certification is for testing of "in-place" systems, not for the installation of that equipment.*

**Note:** *cathodic protection certification is not required for the installation of cathodic protection equipment; for this, a tank installer certification is sufficient.*





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## Verification of Work Experience

→ **Applicant:** Complete the identifying information below and forward a copy of this form to a tank worker certified in the same category.

<b>Applicant's Name:</b>			
<b>Category:</b>	<input type="checkbox"/> Inspector	<input type="checkbox"/> Cathodic Protection Tester	<input type="checkbox"/> Tank Tightness Tester
	<input type="checkbox"/> Installation (including repairs and significant reconfiguration)	<input type="checkbox"/> Closure (including removal and decommissioning)	
<b>Title:</b>		<b>Company:</b>	

→ **Employer:** Complete this bottom part for the applicant identified above and return the form directly to the letterhead address.

<b>Tank Facility Name:</b>		<b>Location:</b>	
<b>UST Facility and Tank ID Number (if regulated):</b>		<b>Date of Project:</b>	
<b>Description of Work:</b>			

<b>Tank Facility Name:</b>		<b>Location:</b>	
<b>UST Facility and Tank ID Number (if regulated):</b>		<b>Date of Project:</b>	
<b>Description of Work:</b>			

I certify the above-named applicant has satisfactorily performed the two projects listed.

By my signature below, I certify the above information is true and correct to the best of my knowledge.

Notary Stamp	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary's Signature:</b>		<b>My Commission Expires:</b>	



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## 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 generally considered public records, unless required to be kept confidential by state or federal law.



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

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.**

1. Credit Card Number:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		