



Underground Storage Tank Worker Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2050

Email: UndergroundStorageTankWorkers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker

Underground Storage Tank Worker Certification by Reciprocity 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 Division of Corporations, Business and Professional Licensing.

Be advised that even though you took an exam in another state, it does not necessarily qualify you for the Alaska certificate. Additionally, all other qualifications under regulations must be met.

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

1. APPLICATION

A completed and signed application (#08-4946, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

Reciprocity Certification Fee per Category: \$ 60.00

3. VERIFICATION OF CERTIFICATION

A completed and signed verification form (#08-4946a).

4. EXAMINATION REQUIREMENTS FOR ALASKA CERTIFICATION

You must take and pass the Alaska-specific portion of the examination. Examination is administered by ICC www.iccsafe.org. Contact Pearson VUE to schedule an appointment to take the U0-Alaska Laws and Rules test at pearsonvue.com/icc/cert/. You may also be required to pass the category-specific examinations.

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.

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.

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. 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.



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

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Website: ProfessionalLicense.Alaska.Gov/UndergroundStorageTankWorker

Underground Storage Tank Worker Certification by Reciprocity Application

PART I Certification Type	
Certification Type(s):	<input type="checkbox"/> Inspector <input type="checkbox"/> Installation (including repairs and significant reconfiguration) <input type="checkbox"/> Tank Tightness Tester <input type="checkbox"/> Cathodic Protection Tester <input type="checkbox"/> Closure (including removal and decommissioning)

PART II Payment of Fees	
Required Fees:	<input type="checkbox"/> Non-Refundable Application Fee \$100.00 <input type="checkbox"/> Certification Fee per Category \$ 60.00/Category \$ _____

PART III Personal Information			
Full Legal Name:			
<p>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).</p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>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.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>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.</p>			

PART IV Education and Testing

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. The division will, in its discretion, accept applicable vocational training for any or all of the field experience.

Category	Project Description

If you are applying for tightness testing certification, you must be certified by the manufacturer of the particular tank tightness method to be used. The manufacturer certification must remain in effect for the duration of the certificate issued as an underground storage tank worker.

Manufacturer	Test Method	Training Location	Dates Attended	By Exam?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V Professional Certification(s)

You must hold a current license or certificate in another state as an underground storage tank worker to qualify for certification by reciprocity.

State	Certification Date	By Exam?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI 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 VII 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 12 AAC 78).



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Signature Page

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

PART VIII 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.

Applicant Signature:		Date Signed:	
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Verification of Certification



Applicant:

Complete the identifying information below and forward a copy of this form to the state where you currently hold a certificate.

Full Legal Name:			
Mailing Address:			
Daytime Phone:		Date of Birth:	



Licensing Board:

Complete this bottom part for the applicant identified above and return the form directly to the Underground Storage Tank Worker Program at the letterhead address.

Licensure by:	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Examination				
Is the Certificate Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <td>Issue Date:</td> <td></td> <td>Expiration Date:</td> <td></td> </tr> </table>	Issue Date:		Expiration Date:	
Issue Date:		Expiration Date:				

Exam Category	Testing Agency	Score	Date
Installation			
Closure			
Tank Tightness Testing			
Cathodic Protection Testing			
Inspector			

Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Has the applicant's license/certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

**If yes, provide a copy of the disciplinary action document.*

Comments (if any):			
Board Seal	Signature:		Date Signed:
	Printed Name:		Title:
	Board Agency:		Phone:



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Professional Licensing

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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.

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
<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:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		