State of Illinois
Office of the State Fire Marshal

Application for UST Contractor License

Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

FOR OFFICE USE ONLY

License ID #: _____

License Date: _____

Any corporation, partnership or other business entity that installs, removes, upgrades, repairs, tests or lines underground storage tanks in Illinois is required to be licensed by the Office of the State Fire Marshal and pay a biennial fee of $1,000.00 per module. An additional $50.00 fee (per module) will be required for each branch office.

NAME:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

IL License # (if renewal): _____ FEIN #: _____

BRANCH OFFICE:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: _____ Fax #: _____

Type of Application: ☐ New ☐ Renewal

Type of UST Module to be licensed (select all that apply); a fee of $1,000.00 is required for each module:

☐ Installation-Retrofitting ☐ Decommissioning ☐ Cathodic Protection ☐ Lining *
☐ Tank & Line Tightness Testing *

* To be licensed as a liner or tank/line tightness tester you must attach an original certification signed by the manufacturer of the product or equipment that you are using. Without this certification, your license application will be returned. (See section 172.40 (b)(3) for lining and section 172.40 (b)(2) for testing). Lining contractors must also be licensed in and have employee certification in Decommissiong.

To ensure that your application is processed, you must submit this application, the certified employee list, original testing certificate which includes picture ID and exam results, OSHA certificates (40 hour & 8 hour), license affidavit form, evidence of registration as an Illinois corporation or evidence of compliance with the assumed business name act and original certificate of $1 million general liability insurance. Failure to complete forms, submit necessary information, provide attachments, or enclosed check or money order (payable to The Office of the State Fire Marshal) will cause your application packet to be returned. No permits will be issued until all licensure requirements are complete.

I certify that all the information provided in this application packet is accurate and correct. I understand any false or misleading information may result in suspension or revocation of my license.

Signature of Authorized Representative: _____ Date: _____

Application for UST Contractor License

LICENSED AFFIDAVIT

Affidavit to be completed by license applicant and returned to the Office of the State Fire Marshal. This shall be completed and returned before a contractor may be licensed with our office.

STATE OF _____

COUNTY OF _____

I hereby attest that I have distributed a current copy of 41 Il. Adm. Code 172, 174, 175, 176 & 177 to all certified employees, and further attest that I, an owner, partner or corporate official, recognize that sources of information relied upon by the International Fire Code Council to certify individuals in its Underground Storage Tank Certification Program may differ from 41 Il. Adm. Code 172, 174, 175, 176 & 177, and that Illinois regulations take precedence in such cases. I further attest that all employees, who are on job sites, are in compliance with Occupational Safety and Health Administration (OSHA) training regulations and applicable underground storage tank activity requirements.

Signature of Authorized Representativer: _____ Title: _____ Date: _____

SUBSCRIBED and sworn to before me this _____ day of _____ , _____

Notary Public: _____

Application for UST Contractor License

NOTICE OF CERTIFIED EMPLOYEE LIST

Contractor Name: _____

Contractor IL License Number: _____

Type of Submission: ☐ New ☐ Renewal ☐ Amend ☐ Add ☐ Delete

Employee Name: _____

☐ Retrofitting ICC #: _____ Exp. Date: _____

☐ Decommissiong ICC #: _____ Exp. Date: _____

☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____

☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____

☐ Lining ICC #: _____ Exp. Date: _____

☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____

Employee Name: _____

☐ Retrofitting ICC #: _____ Exp. Date: _____

☐ Decommissiong ICC #: _____ Exp. Date: _____

☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____

☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____

☐ Lining ICC #: _____ Exp. Date: _____

☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____

Employee Name: _____

☐ Retrofitting ICC #: _____ Exp. Date: _____

☐ Decommissiong ICC #: _____ Exp. Date: _____

☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____

☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____

☐ Lining ICC #: _____ Exp. Date: _____

☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____

Application for UST Contractor License

NOTICE OF CERTIFIED EMPLOYEE LIST

Contractor Name: _____

Contractor IL License Number: _____

Employee Name: _____

- ☐ Retrofitting ICC #: _____ Exp. Date: _____
- ☐ Decommissiong ICC #: _____ Exp. Date: _____
- ☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____
- ☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____
- ☐ Lining ICC #: _____ Exp. Date: _____
- ☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____

Employee Name: _____

- ☐ Retrofitting ICC #: _____ Exp. Date: _____
- ☐ Decommissiong ICC #: _____ Exp. Date: _____
- ☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____
- ☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____
- ☐ Lining ICC #: _____ Exp. Date: _____
- ☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____

Employee Name: _____

- ☐ Retrofitting ICC #: _____ Exp. Date: _____
- ☐ Decommissiong ICC #: _____ Exp. Date: _____
- ☐ Cathodic Protection Testing ICC #: _____ Exp. Date: _____
- ☐ Tank & Line Tightness Testing ICC #: _____ Exp. Date: _____
- ☐ Lining ICC #: _____ Exp. Date: _____
- ☐ OSHA (40 Hour & 8 Hour) ICC #: _____ Exp. Date: _____