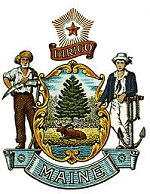
APPLICATION FOR RECIPROCITY FOR

UNDERGROUND STORAGE TANK INSPECTOR OR

UNDERGROUND STORAGE TANK INSTALLER



Maine Board of Underground Storage Tank Installers Department of Environmental Protection

17 State House Station

Augusta, ME 04333-0017

Web page: [www.maine.gov/dep/waste/busti/installerinspector.html](http://www.maine.gov/dep/waste/busti/installerinspector.html)

Board Staff: Matthew Shank

Office Telephone: (207) 446-8093

Office Fax: (207) 287-7826

Office Location:  
Ray Building  
28 Tyson Drive  
Augusta, Maine 04333

Revised: 06/30/2025

**APPLICATION INSTRUCTIONS**

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

* Application form (completed).
* The qualifications for certification in the other state(s) in which the applicant is certified, in order to demonstrate they are equivalent to those specified in Maine state law.
* The technical standards for underground oil storage regulations in the state(s) in which the applicant is certified.
* A notarized letter or comparable document from the certifying authority in the state(s) in which the applicant is certified documenting, within the prior 5 years, an absence of any violations of the laws or regulations in the state(s) in which the applicant is certified relating to the applicant’s ability to install and remove underground oil storage tanks in an ethical and competent manner. If there is a history of any such violations, the applicant may submit evidence to the Board demonstrating ability to install and remove underground storage tanks in an ethical and competent manner notwithstanding the prior violations. The Board may verify with other agencies to confirm information provided by an applicant and to obtain additional information.
* A $250.00 nonrefundable processing fee for a reciprocity request. Checks should be made payable to Treasurer, State of Maine.

Your application will not be considered complete until all required documents are received by Board staff. The Board’s staff may check police records to verify ethical practice by the applicant.

#### UNDERGROUND STORAGE TANK INSTALLER OR INSPECTOR

#### RECIPROCITY APPLICATION

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| Place ID Picture Here  (Optional) | STATE OF MAINE  DEPARTMENT OF ENVIRONMENTAL PROTECTION  **BOARD OF UNDERGROUND STORAGE TANK INSTALLERS**  28 TYSON DRIVE, 17 STATE HOUSE STATION  AUGUSTA, ME 04333-0017  TEL: (207)446-8093 FAX: (207)287-7826 | **Office Use Only**  Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check Number: \_\_\_\_\_  Check Amount:\_\_\_\_\_\_ |

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| This application is public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website. | The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191. |

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| Name of Applicant: Email Address: | | | |
| Home Address: | | | |
| City: | | State: | Zip Code: |
| County: | Home Telephone: | | |
| Business Name of Applicant: | | | |
| Business Address: | | City: | State: |
| Zip Code: | | County: | Business Telephone: |

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| Please indicate where you wish to receive mail sent by the Board:  Home Address  Business Address | |
| Social Security Number: | |
| Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | Sex:  Male  Female  Other |
| Do you hold any other type of professional registration or license from a governmental body in or out of the State of Maine (i.e.: electrician’s or plumber’s license)?  Yes  No  Type of License:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issuing Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has this license ever been revoked or suspended?  Yes  No  If Yes, provide appropriate dates of suspension or revocation.  Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you hold any other type of professional registration or license from a governmental body in or out of the State of Maine (i.e.: electrician’s or plumber’s license)?  Yes  No  Type of License:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issuing Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has this license ever been revoked or suspended?  Yes  No  If Yes, provide appropriate dates of suspension or revocation.  Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Expired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

#### TRAINING AND EDUCATION

Please complete this section by listing all tank installation, inspections & construction safety classes, seminars or courses you have completed.

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| TITLE | **PRESENTED BY** | **DATE(S)** |
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**EMPLOYMENT RECORD**

**Please list your professional experience related to tank Installation, removal or inspection. Begin with present position and proceed to prior employers.** If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

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| PRESENT OR LAST EMPLOYER: | From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| COMPLETE ADDRESS: | TELEPHONE NUMBER: |
| YOUR TITLE: | NAME OF SUPERVISOR: |
| DETAIL OF WORK PERFORMED:  REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: | |

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| --- | --- |
| EMPLOYER #2 | From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| COMPLETE ADDRESS: | TELEPHONE NUMBER: |
| YOUR TITLE: | NAME OF SUPERVISOR: |
| DETAIL OF WORK PERFORMED:  REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: | |

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| EMPLOYER #3 | From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| COMPLETE ADDRESS: | TELEPHONE NUMBER: |
| YOUR TITLE: | NAME OF SUPERVISOR: |
| DETAIL OF WORK PERFORMED:  REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: | |

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| EMPLOYER #4 | From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| COMPLETE ADDRESS: | TELEPHONE NUMBER: |
| YOUR TITLE: | NAME OF SUPERVISOR: |
| DETAIL OF WORK PERFORMED:  REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: | |

**THIS SECTION APPLIES TO APPLICANTS FOR UNDERGROUND STORAGE**

TANK INSTALLER CERTIFICATION ONLY

**Installations**

**Installations you wish the Board to consider for your reciprocity application (provide specific information on each installation on the individual facility installation forms provided.**

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| FACILITY NAME | **CITY OR TOWN** | **STATE OR PROVINCE** |
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Explain why you think the regulations under which you installed the above underground oil storage facilities are no less stringent than Maine’s laws (38 MRSA Sec. 561 et seq.) and regulations (06-096 CMR c. 691) by comparing the specific elements of the regulations you used and Maine's regulations (use additional space if necessary).

**THIS SECTION APPLIES TO APPLICANTS FOR UNDERGROUND STORAGE**

TANK INSPECTOR CERTIFICATION ONLY

If you are or were certified to test cathodic protection systems by a professional organization such as NACE International or Steel Tank Institute (STI), provide the following information about your certification and enclose a copy of your most recent certificate or identification card. Demonstration of cathodic protection tester certification is required in order to conduct cathodic protection tests.

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| --- | --- | --- | --- | --- |
| Certifying Agency | Certification Title | Certificate Number | Date Certified | Expiration of  Certificate |
|  |  |  |  |  |

List Manufacturer Certificates and Training for the Operation and Testing of Leak Detection Equipment (use additional space if necessary). Enclose copy of your most recent certificates or identification cards. If a manufacturer certification program is available it is required for an inspector to complete before he or she can inspect that equipment.

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| --- | --- | --- | --- | --- |
| Manufacturer | Model of Equipment | Certification Level (If applicable) | Date Certified | Expiration Of Certificate |
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I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date