

Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Trade and Consumer Protection
Mail to: WDATCP, Lockbox 93598, Milwaukee, WI 53293-0598
Phone: (608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

FEE: \$50.00
FOR OFFICE USE ONLY
ACCT 272-115-1000-S1-100R-7636
DATE ISSUED:
CERT NUMBER:
DATE RECEIVED:

# TANK SYSTEM LINER CERTIFICATION APPLICATION

Wis. Stats. §§101 and 168 Wis. Admin. Code §ATCP 93.240

## Your application will not be processed or will be delayed unless you:

1. Complete the application including signing and dating the acknowledgement

2. Submit your social security number on the social security number request form

3. Attach any specified documents listed on this application

4. Attach the specified fee listed on this application

**NOTE:** It is recommended that you make a photocopy of the completed application for your records.

APPLICANT INFORMATION							
NAME OF APPLICANT (first, middle, last)							YEAR OF BIRTH
STREET ADDRESS OR PO BOX	CITY				STATE		ZIP + 4 CODE
EMAIL ADDRESS (if available)			PHON	E (including are	area code) CE		LL PHONE: ) -
NAME OF TANK SYSTEM SPECIALTY FIRM YOU OPERATE OR WORK FOR:	DATC	P TANK SPECIALTY	Y FIRM	you operate o	r work for) R	EG	SISTRATION NUMBER:

## ARE YOU A VETERAN requesting a waiver of your initial certification fee?

 Yes
 Provide a copy of your Department of Veterans Affairs voucher code.

 DVA Voucher Code:
 Your application fee of \$50 will be waived.

 You may contact DVA at 1-800-WisVets or <a href="https://www.WisVets.com">www.WisVets.com</a> for assistance in obtaining your DVA Voucher Code.

# No Submit the fee of \$50.

FEE CALCULATOR		
Certification Fee		\$50.00
	Total to Remit Now	\$50.00
REMIT PAYMENT		
Make check payable to WDATCP and return with this completed and signed form to:	Mail the Social Security number form to: Social Security Number Form	

and return with this completed and signed form to: WDATCP PO Box Lockbox 93598 Milwaukee, WI 53293-0598

DATCP – TCP CONFIDENTIAL ATT: Petroleum Certification PO Box 7837 Madison, WI 53707-7937

### **RESPONSIBILITIES OF CERTIFICATION**

A person who lines or supervises the lining of tanks as a certified tank system liner shall be present at the job site for at least all of the following activities:

- Removal of product from the tanks and making the atmosphere of the tanks inert or vapor-free
- Cutting of openings in tanks
- Removal and handling of sludge and other wastes from tanks
- Sand blasting of the tank interior
- Inspection for holes and wall thickness

#### ACKNOWLEDGEMENT

• Repair of holes

- Coating of tanks
- Testing for holidays
- Testing for coating hardness
- Resealing of tanks

By signing below, the applicant certifies that all information provided on this application is true, accurate and that the certification requirements are met.

Notice: Information including personally identifiable information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purpose, other secondary purposes and purposes other than that for which it was originally collected. (*sec.* 15.04(1)(m), *Wis. Stats.*). The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss19.31-19.39, *Wis. Stats.* Social security numbers are required when individuals apply for a license according to Wisconsin Stats., but they may not be disclosed to anyone except other State of Wisconsin governmental agencies and must be held confidential. Social security numbers are not to be entered on this form.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)