



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Trade and Consumer Protection

Mail to: DATCP – TCP, Attn: Petroleum Certification, PO Box 7837,

Madison, WI 53707-7937

Phone: (608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

FOR OFFICE USE ONLY
DATE ISSUED:
CERT NUMBER:
DATE RECEIVED:

TANK SYSTEM INSPECTOR CERTIFICATION RENEWAL APPLICATION

Wis. Stat. [§§101 and 168](#) Wis. Admin. Code [§ ATCP 93.240](#)

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. Be certain to sign and date the application. **Make a photocopy of the completed application for your records.**

APPLICANT INFORMATION				
LEGAL NAME OF APPLICANT (first, middle, last)				YEAR OF BIRTH
NAME OF CERTIFICATION:	CERTIFICATION NUMBER:	EXPIRATION DATE OF MOST RECENT CERTIFICATION		
STREET ADDRESS OR PO BOX:		CITY:	STATE:	ZIP:
PHONE: (including area code) () -	EMAIL (if available):			
NAME OF LPO PROGRAM OR AGENCY YOU WORK FOR:				

MAIL APPLICATION
<p>Return this completed and signed form to: DATCP – TCP Attn: Petroleum Certification PO Box 7837 Madison, WI 53707-7937</p>

ACKNOWLEDGEMENT
<p>By signing below, the applicant certifies that all information provided on this application is true, accurate and that the registration requirements are met.</p> <p>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. (<i>sec. 15.04(1)(m), Wis. Stats.</i>). The Department may also provide this information to requesters pursuant to Wisconsin’s open records law, <i>ss19.31-19.39, Wis. Stats.</i> 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.</p>
<p>PRINT NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____ DATE (MM/DD/YYYY) _____</p>