



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:

CATHODIC PROTECTION TESTER CERTIFICATION APPLICATION

Wis. Stats. [§§101 and 168](#) Wis. Admin. Code [§ATCP 93.240](#) Wis. Admin. Code [§SPS 305.89](#)

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)	PHONE (including area code) () -	CELL PHONE: () -	
NAME OF TANK SYSTEM SPECIALTY FIRM YOU OPERATE OR WORK FOR:		DATCP TANK SPECIALTY FIRM (you operate or work for) REGISTRATION 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 www.WisVets.com 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

<p>Make check payable to WDATCP and return with this completed and signed form to: WDATCP Lockbox 93598 Milwaukee, WI 53293-0598</p>	<p>Mail the Social Security number form to: Social Security Number Form DATCP – TCP CONFIDENTIAL ATT: Petroleum Certification PO Box 7837 Madison, WI 53707-7937</p>
---	---

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:

- Conduct corrosion protection system testing in accordance with, and be certified by, the NACE (National Association of Corrosion Engineers), STI (Steel Tank Institute), or other department-approved certifications or methodologies and any additional manufacturer's instructions
- Employ only those test methodologies for which training has been obtained

A person who holds the certification shall carry on his or her person the certification card issued by the department while performing or conducting the activity or activities permitted under the certification.

QUALIFICATIONS FOR CERTIFICATION

A person applying for a Cathodic Protection Tester Certification shall provide documentation showing formal education relating to soil resistivity, stray current, structure-to-soil potential, component electrical measurements of buried metal piping and tank systems, and corrosion control from a cathodic protection certification entity recognized by the department showing the applicant has successfully completed a certification examination that corresponds to the cathodic protection specialty addressed in the application. **Attach a COPY** of evidence that you attended one of these approved courses and successfully completed the respective exam. Place a check next to the training/course you attended.

Course Work & Certification Held	Provider	Test Date	Date Certification Expires
<input type="checkbox"/> NACE Certification as a CP1, CP2 or CP3 Cathodic Protection Technician	NACE		
<input type="checkbox"/> NACE Certification as a Senior Corrosion Technologist	NACE		
<input type="checkbox"/> NACE Certification as a Corrosion Technologist	NACE		
<input type="checkbox"/> NACE Certification as a Corrosion Technician	NACE		
<input type="checkbox"/> STI Certification in UST System Cathodic Protection Monitoring	STI		

ACKNOWLEDGEMENT

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)