



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Trade and Consumer Protection

Mail to: WDATCP, Lockbox 93598, Milwaukee, WI 53293-3598 Phone:
(608) 224-4942 Email: DATCPWeightsAndMeasures@wisconsin.gov

FEE: \$50.00**FOR OFFICE USE ONLY**

ACCT 27200-100SE-1150014300-4736000

DATE ISSUED:

CERT NUMBER:

DATE RECEIVED:

TANK-SYSTEM SITE ASSESSOR 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)	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

Make check payable to WDATCP
and return with this completed and signed form to:
WDATCP
PO Box Lockbox 93598
Milwaukee, WI 53293-3598

Mail the Social Security number form to:

[Social Security Number Form](#)

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

RESPONSIBILITIES OF CERTIFICATION

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.

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)