



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 SPECIALTY FIRM REGISTRATION

Wis. Stat. [§168.23](#) Wis. Admin. Code [§SPS 305.82](#)

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

- 1. Complete the application including signing and dating the acknowledgement.
- 2. Attach the specified fee listed on this application.
- 3. Attach any specified documents listed on this application.

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

BUSINESS INFORMATION (If the firm is a corporation, LLC, some type of partnership or other legal entity)

LEGAL NAME OF BUSINESS ENTITY:		TRADE NAME: (IF DIFFERENT FROM LEGAL NAME):			
STREET ADDRESS:			CITY:	STATE:	ZIP:
PHONE (including area code) () -	CELL PHONE: () -	FAX NUMBER (if available): () -	E-MAIL (if available):		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):					STATE OF FORMATION:

APPLICANT INFORMATION (If the firm is an individual or married couple operating as a sole proprietorship)

LEGAL NAME OF APPLICANT (first, middle, last)		TRADE NAME: (DBA)		YEAR OF BIRTH
STREET ADDRESS OR PO BOX:			CITY:	STATE: ZIP:
PHONE: (including area code) () -	CELL PHONE: () -	FAX NUMBER: (if available): () -	E-MAIL: (if available):	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):				STATE OF FORMATION:

ADDITIONAL BUSINESS LOCATIONS UNDER THE SAME FEIN TO BE COVERED UNDER THIS LICENSE
 (Locations under other FEINs must submit separate applications (Attach additional pages if necessary))

STREET ADDRESS OR PO BOX:			CITY:	STATE:	ZIP:
PHONE:	E-MAIL:				
() -					
STREET ADDRESS OR PO BOX:			CITY:	STATE:	ZIP:
PHONE:	E-MAIL:				
() -					

PROOF OF LIABILITY COVERAGE

Copy of Contractor liability coverage must be submitted that verifies the firm has minimum liability coverage, including pollution impairment liability, of no less than \$1,000,000 per claim and \$1,000,000 annual aggregate and with a deductible of no more than \$100,000 per claim. **NOTE: We require that insurance companies list our Department name and address as the certificate holder on the policy:**

WI Department of Agriculture, Trade and Consumer Protection
 2811 Agriculture Drive
 Madison, WI 53708-8911

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

Registration 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 53293-0598

RESPONSIBILITIES OF CERTIFICATION

An entity that provides storage tank system installation, removal, testing, lining, cleaning or site assessments as a registered specialty tank firm shall utilize the appropriate certified persons to install, remove, test, line, or clean storage tanks, or to provide site closure assessments.

SPECIALTY AREAS

Tank specialty firms are required to use credentialed technicians when performing the ATCP 93 regulated storage system services listed below. Check the box(es) below to indicate the tank specialty area in which you have certified employees performing ATCP 93 related activities:

<input type="checkbox"/> Aboveground Storage Tank Installation	<input type="checkbox"/> Storage Tank System Tightness Testing
<input type="checkbox"/> Underground Storage Tank Installation	<input type="checkbox"/> Site Assessment (closure assessment)
<input type="checkbox"/> Storage Tank Removal/Cleaning (closure by cleaning and removal or closure in place)	<input type="checkbox"/> Corrosion Expert
<input type="checkbox"/> Storage Tank Lining	<input type="checkbox"/> Cathodic Protection Tester

ACKNOWLEDGEMENT

By signing below, the applicant certifies that all information provided on this application is true, accurate and that the registration 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.

**The individual applying for a business registration shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation.*

 PRINT NAME OF APPLICANT

 SIGNATURE OF APPLICANT/REPRESENTATIVE

 DATE (MM/DD/YYYY)