



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
DATE ISSUED:
CERT NUMBER:
DATE RECEIVED:

TANK SPECIALTY FIRM REGISTRATION RENEWAL APPLICATION

Wis. Stat. [§§101 and 168](#) Wis. Admin. Code [§SPS 305.07](#)

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.**

BUSINESS INFORMATION <i>(If the firm is a corporation, LLC, some type of partnership or other legal entity)</i>				
LEGAL NAME OF BUSINESS ENTITY:		TRADE NAME: (IF DIFFERENT FROM LEGAL NAME):		
REGISTRATION NUMBER:		EXPIRATION DATE OF MOST RECENT REGISTRATION		
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 <i>(If the firm is an individual or married couple operating as a sole proprietorship)</i>				
LEGAL NAME OF APPLICANT (first, middle, last)		TRADE NAME: (IF ANY)		YEAR OF BIRTH
REGISTRATION NUMBER:		EXPIRATION DATE OF MOST RECENT REGISTRATION		
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:

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:</p> <p>WDATCP PO Box Lockbox 93598 Milwaukee, WI 53293-0598</p>

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

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

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)