



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 100-1428-P1-I-34-R-7000
DATE ISSUED:
CERT NUMBER:
DATE RECEIVED:

TANK SYSTEM TIGHTNESS TESTER CERTIFICATION

Wis. Stats. [§§101 and 168](#) Wis. Admin. Code [§ATCP 93.240](#) Wis. Admin. Code [§SPS 305.88](#)

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
 Lockbox 93598
 Milwaukee, WI 53293-0598

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 conducts tightness tests for tank systems as a certified tank system tightness tester shall:

- Conduct tightness tests in accordance with the material approval under ATCP 93 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 tank system tightness tester certification shall have completed training in one or more tightness test methods which have been approved under ATCP 93. The test methodology training qualifying for certification shall have been provided by the person or entity that obtained the approval under ATCP 93 for the methodology.

Attach a COPY of evidence that you attended one of an approved test method

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)