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| TR-WM-102 (1/23) | FEE: $35.00 |
|  | 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 | FOR OFFICE USE ONLYACCT 272-115-1000-S1-100R-7636 |
| DATE ISSUED: |
| CERT NUMBER: |
| DATE RECEIVED: |

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| ABOVEGROUND TANK SYSTEM INSTALLER EXAMINATION APPLICATIONWis. Stats. §§[101](http://docs.legis.wisconsin.gov/statutes/statutes/101) and [168](http://docs.legis.wisconsin.gov/statutes/statutes/168) Wis. Admin. Code §[ATCP 93.240](https://docs.legis.wisconsin.gov/code/admin_code/atcp/090/93/II/240) |

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| *Your application will not be processed or will be delayed unless you:* |
| [ ]  1. Complete the application including signing and dating the acknowledgement.[ ]  2. Attach any specified documents listed on this application.[ ]  3. Attach the specified fee listed on this application.NOTE: It is recommended that you make a photocopy of the completed application for your records. |

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| 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:(   )     -      |

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| FEE CALCULATOR |
| Application Fee  | $20.00 |
| Exam Fee (when the exam is passed, the applicant will be asked to apply for a certification and pay a $50 certification fee) | $15.00 |
| Total to Remit Now | $35.00 |

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| REMIT PAYMENT |
| Make check payable to WDATCP and return with this completed and signed form to:WDATCPPO Box Lockbox 93598Milwaukee, WI 53293-0598 |

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| 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: |
| * Pre-installation tank system testing
* Inspection and repair of coatings
* Placement of tanks
* Installation and testing of all connections and tank-related piping including vapor recovery, vents and supply pipes
 | * Installation of monitoring devices or leak detecting devices
* Installation of pumps and dispensers
* Installation of any underground piping.
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| 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. |

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| EXAMINATION |
| In order to obtain the certification the applicant must obtain a score of at least 70% on an examination. The exam is **open book** and will cover:ATCP 93 – [Flammable, Combustible and Hazardous Liquids Code](https://docs.legis.wisconsin.gov/code/admin_code/atcp/090/93)NFPA 30 – [Flammable and Combustible Liquids Code](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=30A)NFPA 30A – [Code for Motor Fuel Dispensing Facilities and Repair Garages](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=30A)PEI 200 – [Recommended Practices for Installation of Aboveground Storage Systems for Motor Vehicle Fueling](http://www.pei.org/PublicationsResources/RecommendedPracticesExams/RP200/tabid/100/Default.aspx)Exam Materials:* For copies of current Wisconsin storage tank regulations visit the DATCP [website](http://datcp.wi.gov/Consumer/Weights_and_Measures/Storage_Tank_Regulations/index.aspx)
* Laws and regulations: <https://datcp.wi.gov/Pages/Programs_Services/PetroleumHazStorageTanksLawsRegulations.aspx>
* For NFPA materials contact the National Fire Protection Association by phone: (800) 344-3555.
* For PEI materials contact the Petroleum Equipment Institute by phone: (918) 494-9696.

The exam schedule is available on our [**website**](https://datcp.wi.gov/Pages/Programs_Services/PetroleumHazStorageTanksServiceCompaniesTechnicians.aspx) or call (608) 224-4942Exam applications must be received by DATCP by the due date listed on the exam schedule. You will receive the first available exam date unless you specify a specific date here:       You will receive a notification letter with instructions from DATCP prior to the test date. Applicant must provide photo ID to gain admittance to examination.*Please mark your first and second preferred test site locations below:\** |
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|  |    | UW Oshkosh |    | UW Madison |    | WCTC Waukesha |    | UW Stevens Point |   |  |
| \*We cannot guarantee a location you choose will be available. |
| Courses and exams are also offered at Lakeshore Technical College. For a schedule visit their website <http://gotoltc.edu/> or contact the Workforce Solutions Office at (920) 693-1675 or email: [workforce.solutions@gotoltc.edu](workforce.solutions%40gotoltc.edu)NOTE:You still need to complete this exam application form and submit payment to the address on page 1 in order to take the exam. |

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| EDUCATION HOURS REQUIRED TO RENEW |
| The renewal of a certification as an Aboveground Tank System Installer shall be contingent upon the installer obtaining at least 12 hours of acceptable continuing education prior to the expiration date of their certification. |

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| 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, ss. 19.31-19.39, 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. |
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| PRINT NAME OF APPLICANT | SIGNATURE OF APPLICANT | DATE (MM/DD/YYYY) |