



## State Water Resources Control Board

## **Division of Water Quality**

1001 I Street, Sacramento, California 95814 Mailing Address: P.O. Box 2231, Sacramento, California 95812 Phone Number: (916) 324-7493

Internet Address: <a href="http://www.waterboards.ca.gov">http://www.waterboards.ca.gov</a>

## OFFICE OF TANK TESTER LICENSING APPLICATION FOR RENEWAL AND REINSTATEMENT OF CALIFORNIA TANK TESTER LICENSE

(Rev. 09/19)

Renewal Fee: \$600

Reinstatement Fee: \$200

This renewal and reinstatement application form shall be used to renew and reinstate an existing California Tank Tester License. Please complete this form and return it to the Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Sean Farrow along with two (2), 1-inch by 1-inch color photographs, the renewal and reinstatement fee of \$800 (check made payable to State Water Resources Control Board), and all updated manufacturers certifications for tank and pipe integrity testing.

APPLICANT INFORMATION				
Last Name	First Name	Middle Initial		
Email Address		Telephone Number		
Street Address	City, S	City, State, Zip Code		

Application for Renewal and Reinstatement of California Tank Tester License (Cont.)

EMPLOYER INFORMATION				
Company Name	Company Contact			
Email Address	Telephone Number			
Street Address	City, State, Zip Code			

The address and telephone number you provide will be your address and telephone number of record and will be published in the Office of Tank Tester Licensing List of Licensed Tank Testers. All correspondence from the Office of Tank Tester Licensing will be sent to this address.

TANK TESTING EQUIPMENT INFORMATION	Please include the information regarding the tank testing equipment you use. If you utilize more than one (1) type of equipment, please list all.			
Equipment Manufacturer(s)				
Equipment Model(s)				
Equipment woder(s)				
Date of Manufacturer Training Certificate(s) (Attach Certificate(s))				

Application for Renewal and Reinstatement of California Tank Tester License (Cont.)

PIPE TESTING EQUIPMENT INFORMATION		regarding th	de the information e <u>pipe testing</u> equipment you utilize more than one (1) pment, please list all.	
Equipment Manufacturer(s)				
Equipment Model(s)				
Date of Manufacturer Training	ι Certifica	te(s) (Attach	Certificate(s))	
APPLICANT CERTIFICATION				
I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
Applicant Signature   License		Number	Date	