

INSTALLER CERTIFICATION*(To be completed by installer for new UST installations or returning out-of-service USTs to service)***Purpose of Certification** *(check all that apply)*☐ *Certification of New UST Installation*☐ *Certification that out-of-service USTs are properly designed and capable of being put back into service*

Check the applicable boxes to indicate the methods used to comply with installation/return-to-service requirements.

(Attach additional pages if necessary)

Tank Identification Number	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>	Tank No. <input type="text"/>
Installer certified by tank and piping manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by the NJDEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation is/will be in accordance with manufacturers installation checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company

Company Name: _____

Firm Installation-Entire UST System License #: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Individual

Individual Name: _____

Individual Installation-Entire UST System License #: _____

☐ Same address as Installation certified company

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Signature of UST installer certifies that the UST System and/or out-of-service UST system is/are properly designed and capable of being put into service.

Signature: _____ Date: _____

Name: _____ Title: _____