



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

### Division of Water Quality

1001 I Street, Sacramento, California 95814 – (916) 324-7493  
Mailing Address: P.O. Box 2231, Sacramento, California 95812  
Fax (916) 341-5808 – Internet Address: <http://www.waterboards.ca.gov>

### OFFICE OF TANK TESTER LICENSING

### APPLICATION FOR RENEWAL AND REINSTATEMENT OF TANK TESTER LICENSE

*(Rev. 03/15)*

Renewal fee:           \$600  
Reinstatement fee:   \$200

Please use this application form to renew and reinstate an existing State of 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 1" by 1" color photographs, the renewal and reinstatement fee of \$800, and all updated certifications.

| APPLICANT INFORMATION |                 |                  |
|-----------------------|-----------------|------------------|
| Last Name             | First Name      | Middle Initial   |
| Street Address        |                 | City, State, Zip |
| Email Address         |                 | Telephone #      |
| EMPLOYER INFORMATION  |                 |                  |
| Company Name          |                 |                  |
| Street Address        |                 | City, State, Zip |
| Email Address         |                 | Telephone #      |
| Fax #                 | Company Contact |                  |

## APPLICATION FOR RENEWAL OF TANK TESTER LICENSE

The address and telephone numbers you list 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 you at this address.

|   |  |
|---|--|
| <b>TANK TESTING EQUIPMENT INFORMATION</b>                               | Please include the information regarding the <u>tank testing</u> equipment you use. If you use more than one type of equipment, please list all. |
| <b>Equipment Manufacturer</b>   |  |
| <b>Equipment Model</b>  |  |
| <b>Date of Manufacturer's Training Certificate</b>                      |  |
| <b>LINE (PIPE) TESTING EQUIPMENT INFORMATION</b>                        | Please include the information regarding the <u>line testing</u> equipment you use. If you use more than one type of equipment, please list all. |
| <b>Equipment Manufacturer</b>   |  |
| <b>Equipment Model</b>  |  |
| <b>Date of Manufacturer's Training Certificate</b>                      |  |
| <b>Date of Manufacturer's Training Certificate (Attach Certificate)</b> |  |

|  |                |      |
|--|----------------|------|
| <b>APPLICANT CERTIFICATION</b>   |                |      |
| 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 |