



# Fuel Tank Removal and Decommissioning Contractors, Application

Business Information				
BUSINESS NAME		DBA NAME		
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS      Same as above		CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER		
STATE UBI NUMBER		CONTRACTOR LICENSE NUMBER		

Applicant				
FULL NAME		PHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS      Same as above		CITY	STATE	ZIP CODE

Attach a copy of ICC UST Certification to decommission residential heating oil tanks.

Continued

# Fuel Tank Removal and Decommissioning Contractors, Application, continued

ICC UST Certified Staff	
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER
FULL NAME	CERTIFICATION NUMBER

APPLICANT SIGNATURE OR PRINTED NAME	DATE
-------------------------------------	------