



Linda S. Adams
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: www.waterboards.ca.gov/ust



Arnold Schwarzenegger
Governor

CERTIFICATE IN SUPPORT OF EXPERIENCE (Rev. 10/06)

The information on this form is used to determine experience qualifications of applicants for tank tester licensure and is requested pursuant to Health and Safety Code Section 25284.4 and California Code of Regulations Section 2761. The “declarant” section must be completed by the person who has direct knowledge of the applicant’s experience. Each declarant must use a separate form. This form may be photocopied.

THIS SECTION TO BE COMPLETED BY APPLICANT	
1. Name of Applicant (last name first)	
2. Residence Address	
3. Business Address	
4. Applicant’s Telephone Number and Email Address	
Residence ()	Business ()
Fax ()	Email:

To the declarant:

The declarant is the person who certifies or attests to the applicant’s experience. The information given is important to the applicant because it may help him/her qualify for a California tank tester license. It is also important to the Office of Tank Tester Licensing (OTTL), which uses the information to determine if the applicant meets the experience requirements for a state license.

Please complete the form and return it to the applicant. Do not mail it to OTTL unless you are mailing the complete application for the applicant. Incomplete or inaccurate forms may be returned and may prevent or delay the applicant from qualifying for licensure. An OTTL representative may contact you by telephone or letter to verify your statements or to get additional information. The applicant may have several declarants. You may be certifying only part of the experience required.

THIS SECTION TO BE COMPLETE BY DECLARANT			
5. Name and Address of Declarant			
6. Declarant's Telephone Numbers and Email address			
Residence ()	Business ()		
Fax ()	Email:		
7. Declarant's Relationship to Applicant (Check all that apply)			
Employer	Former Employer	Coworker	Local Agency
Supervisor	Former Supervisor	Former Coworker	Equipment Manufacturer
Tank Owner	Other	Operator (Explain) _____	
8. Declarant has personally known applicant for how long?			
_____ Months	_____ Years		
9. Describe in detail the employment duties of the applicant during the period that you are declaring. Indicate the number of tanks tested, the type of equipment used, etc. in the following boxes:			
Applicant's position title:	Total work hours accumulated:		
Exact dates of employment (Month, Day, Year)			
From:	To:		

Description of duties: Include the number of tanks tested, the period of time in which the test were performed, and the type of equipment used, etc. (If more space is needed, attach a separate sheet of paper.)

Additional Comments:

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

Signature of Declarant

Title

Date

Printed Name

The Chief of the Division of Water Quality, State Water Resources Control Board is responsible for maintaining the information on this form. The Division's address and telephone number are: P.O. Box 2231, Sacramento, California, 95812, (916) 341-5864. The authority for maintaining the requested information is Chapter 6.7, Section 25284.4 of the Health and Safety Code. The information will be used to evaluate the applicant's eligibility for examination as an Underground Storage Tank Tester and may be transferred to other governmental agencies. Individuals have the right to review the records maintained on them by an agency, unless the records are exempted by Section 1798.40 of the Civil Code.