



# **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: <u>http://www.waterboards.ca.gov</u>

## OFFICE OF TANK TESTER LICENSING

## **CERTIFICATE IN SUPPORT OF EXPERIENCE**

(Rev. 01/19)

The information in this form is used to determine work experience qualifications of applicants for the California Tank Tester License 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 work experience. Each declarant must use a separate form. This form may be photocopied. Please complete this form and return it to the **Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Sean Farrow.** 

THIS SECTION TO BE COMPLETED BY APPLICANT					
Last Name	First Name		Middle Initial		
Email Address			Telephone Number		
Street Address		City, State, Zip			
EMPLOYER INFORMATION					
Company Name		Company Contact			
Email Address			Telephone Number		
Street Address		City, State, Zip			

FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

1001 | Street, Sacramento, CA 95814 | Mailing Address: P.O. Box 100, Sacramento, CA 95812-0100 | www.waterboards.ca.gov



#### To the declarant:

The declarant is the person who certifies or attests to the applicant's work 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, which uses the information to determine if the applicant meets the work experience requirements for a California Tank Tester License.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and may prevent or delay the applicant from qualifying for a California Tank Tester License. An Office of Tank Tester License 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 work experience required.

Last Name First Name Middle Initial   Email Address Telephone Number   Street Address City, State, Zip   Oeclarant Relationship to Applicant (Check all that apply): Street Address   Declarant Relationship to Applicant (Check all that apply): Former Supervisor   Former Coworker Coworker   Cother (Explain): Street Address   Years: Months:   Declarant has personally known applicant for how long?   Years: Months:   Applicant's position title: Total work hours accumulated:   Exact dates of employment (Month, Day, Year) Total	THIS SECTION TO BE COMPLETE BY DECLARANT					
Street Address       City, State, Zip         Declarant Relationship to Applicant (Check all that apply):         Employer         Former Employer         Coworker         Local Agency         Supervisor         Former Coworker         Equipment Manufacturer         Tank Owner/Operator         Other (Explain):         Worther         Months:         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:	Last Name	First Name	Middle Initial			
Street Address       City, State, Zip         Declarant Relationship to Applicant (Check all that apply):         Employer         Former Employer         Coworker         Local Agency         Supervisor         Former Coworker         Equipment Manufacturer         Tank Owner/Operator         Other (Explain):         Worther         Months:         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:						
Declarant Relationship to Applicant (Check all that apply):         Employer         Former Employer         Coworker         Local Agency         Supervisor         Former Coworker         Equipment Manufacturer         Tank Owner/Operator         Other (Explain):	Email Address		Telephone Number			
Declarant Relationship to Applicant (Check all that apply):         Employer         Former Employer         Coworker         Local Agency         Supervisor         Former Coworker         Equipment Manufacturer         Tank Owner/Operator         Other (Explain):						
Employer Former Employer   Coworker Local Agency   Supervisor Former Supervisor   Former Coworker Equipment Manufacturer Tank Owner/Operator   Other (Explain):   Declarant has personally known applicant for how long?   Years:   Months:   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:   Exact dates of employment (Month, Day, Year)	Street Address	City, State, Zip				
<ul> <li>□ Former Coworker □ Equipment Manufacturer □ Tank Owner/Operator</li> <li>□ Other (Explain):</li></ul>	Declarant Relationship to Applicant (Check all that apply):					
Other (Explain):   Declarant has personally known applicant for how long?   Years: Months:   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)	Employer      Former Employer      Coworker      Local Agency      Supervisor      Former Supervisor					
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Exact dates of employment (Month, Day, Year)						
	Applicant's position title:	Total work hour	s accumulated:			
From: To:	Exact dates of employment (Month, Day, Year)					
	From:	То:				

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

Additional Comments (if necessary):

### **DECLARANT CERTIFICATION**

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					

State Water Resources Control Board, Office of Tank Tester Licensing is responsible for maintaining the information in this form. The authority for maintaining the requested information is Chapter 6.7, Section 25284.4 of the Health and Safety Code. The information in this form will be used to evaluate the applicant's eligibility for examination as an underground storage tank licensed 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.