



GAVIN NEWSOM
GOVERNOR



JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

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: <http://www.waterboards.ca.gov>

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR RENEWAL OF CALIFORNIA TANK TESTER LICENSE

(Rev. 01/19)

Renewal Fee: \$600

This renewal application form shall be used to renew an existing 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 (2), 1-inch by 1-inch color photographs, the renewal fee of \$600 (check made payable to **State Water Resources Control Board**), and all updated manufacturers certifications for tank and pipe integrity testing. If your renewal application is **postmarked after** the expiration date on your tank tester license, you will be required to pay the reinstatement fee of \$200 in addition to the renewal fee.

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



The address and telephone numbers you provide 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 this address.

TANK TESTING EQUIPMENT INFORMATION	Please include the information regarding the tank testing equipment you use. If you utilize more than one (1) type of equipment, please list all.
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Equipment Manufacturer(s)

Equipment Model(s)

Date of Manufacturer Training Certificate(s) (Attach Certificate(s))

PIPE TESTING EQUIPMENT INFORMATION	Please include the information regarding the pipe testing equipment you use. If you utilize more than one (1) type of equipment, please list all.
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Equipment Manufacturer(s)

Equipment Model(s)

Date of Manufacturer Training Certificate(s) (Attach Certificate(s))

APPLICANT CERTIFICATION

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.
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Applicant Signature	License Number	Date
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