



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



**Arnold Schwarzenegger**  
Governor

### OFFICE OF TANK TESTER LICENSING

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

(Rev. 10/06)

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

Please use this application form to renew and reinstate your tank tester license. When you have completed the form, please send it to: State Water Resources Control Board, Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Sean Farrow. Please include the following with your application:

- Check or money order for \$800, made payable to *State Water Resources Control Board*. (This amount includes the \$600 renewal fee and the \$200 reinstatement fee.)
- Current equipment certifications.
- Two 1" by 1" color photographs (head only).

<b>APPLICANT INFORMATION</b>		Email Address:
Last Name	First Name	Middle Initial
Street Address		
City, State, Zip		Telephone
<b>EMPLOYER INFORMATION</b>		
Company Name		
Street Address		
City, State, Zip		Telephone

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 (OTTL) List of Licensed Tank Testers. All correspondence from OTTL 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.
Equipment Manufacturer	
Equipment Model	
Date of Manufacturer's Training Certificate (Attach Certificate)	
<b>PIPE TESTING EQUIPMENT INFORMATION</b>	
Equipment Manufacturer	
Equipment Model	
Date of Manufacturer's Training Certificate (Attach Certificate)	

<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