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| **LICENSED TESTER CERTIFICATION UPDATE FORM** |
| **OKLAHOMA CORPORATION COMMISSION PETROLEUM STORAGE TANK DIVISION P.O. Box 52000**  **Oklahoma City, OK 73152-2000** |

Please submit form **with** certifications by mail at the address above or by email to [PSTCompliance@occ.ok.gov](mailto:PSTCompliance@occ.ok.gov).

(PLEASE TYPE OR PRINT)

Name of Licensee:       Date:

Licensee Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:       Home/Cell Phone:

City:       State:       Zip:

E-mail:

If you have expired certification(s) that are needing updated and/or needing to add additional certification(s) to your current license, check the below boxes that apply and attach the applicable certification(s).

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| Precision Tank Tightness Test | Precision Line Tightness Test | |
| Functionality Test of Line Leak Detectors\*\* | Functionality Inspection and Test of Automatic Tank Gauge Systems\*\* | |
| Containment Sump Testing\*\* | Functionality Test of Interstitial and Sump Sensors\*\* | |
| Spill Prevention Equipment Testing\*\* | Overfill Prevention Equipment Inspection and Testing\*\* | |
|  |  | |
| Cathodic Protection System Test\* (Check applicable) 🡪 | | STI/SPFA  CP1 Cathodic Protection Tester  CP2 Cathodic Protection Technician  CP3 Cathodic Protection Technologist  CP4 Cathodic Protection Specialist |

\*For Cathodic Protection System testing, the tester needs to indicate what specific certification(s) they have obtained. Any work related to Cathodic Protection must fall within the scope of work allowable by the certification. Any certification provided must be from a verifiable source.

\*\*To qualify for these tests, the tester needs to have a certificate from the manufacturer or pass the Petroleum Equipment Institute Test for RP 1200. For third-party certified tests listed on the National Workgroup for Leak Detection Evaluation, the tester needs to provide copies of the certificate(s) from the testing equipment manufacturer.

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| ***I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents (if any), and that I believe that the submitted information is true, accurate and complete.*** | |
| **X** |  |
| **Tester Signature** | **Date** |