



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Heating Oil Tank
Service Provider License Application

No firm may perform or offer to perform heating oil tank services without first having obtained a heating oil tank service provider license from the Department. Such services include, but are not limited to, site assessments on active or inactive heating oil tanks, decommissioning and cleanup. The \$750 annual fee, one year project summary, and insurance form must accompany this application. Please read the HOT Service Provider License Application Instructions before completing this form.

License renewal applications must be submitted 30 days prior to the license expiration date.

Send complete application and fee to:

Department of Environmental Quality
Attention: Revenue Section
811 S.W. Sixth Avenue
Portland, OR 97204

FOR DEQ USE ONLY
HOT License Program Fees
Date Rec'd
Amount Rec'd
Check No.

Questions? In Oregon call 1-800-742-7878 (message)
Outside Oregon call (503) 229-6652 FAX (503) 229-6977

PLEASE PRINT CLEARLY OR TYPE INFORMATION

Company Information

\*Is this a license renewal?
If Yes, include:

Company Name:
Official Mail Address:
City, State & Zip Code
E-mail:
Contact Person Name: Title:
Phone Number: FAX number:

\*License No.
\*Expiration Date:

Principals: List the name, title or position name, and address of all principals of the firm (e.g. individual, partnership, corporation, limited liability partnership/company, etc.). Check the box next to the name of the person or persons authorized to sign project certifications (statement of compliance) as required by OAR 340-163-0060(2)(a) and (c).

Table with 3 columns: Name, Title/Position, Mailing address. Includes four rows of blank lines for entry.

FOR DEQ USE ONLY: Insurance form attached List of projects attached CCB confirmed Corporation confirmed
Application complete Date entered: By: New Application License No. assigned:

**CCB Information:** List current Oregon Construction Contractors Board:

Registration Number: \_\_\_\_\_ and

Endorsement (s) \_\_\_\_\_

**Check  box** if registration and endorsement not required by CCB.

- Note name and phone number of person at CCB contacted to confirm registration requirements and date contacted. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ DATE: \_\_\_\_\_

**Insurance:** Attach proof of insurance. (ACORD form with DEQ listed as certificate holder)

Insurance expiration date: \_\_\_\_\_

**Area of Service (s):**  Northwest,  Western,  Eastern Region  
or  Statewide

**Check  the box** for each geographic region where your company provides services, or check statewide if you work in all Oregon locations. Refer to instructions for a description of service areas.

**Supervisors:** List each licensed Heating Oil Tank Supervisor employed by the company who will be responsible for on-site project supervision. Attach an additional sheet if more space is needed.

Supervisor Name	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If this is a NEW application:** On a separate sheet of paper, describe any experience that the principals of the company have obtained in decommissioning any type of petroleum underground storage tanks (USTs) or cleaning up releases from USTs. If no experience, state how sufficient knowledge has been gained to be able certify that all work will be conducted in compliance with applicable regulations.

**If this is a RENEWAL application:** ATTACH a list of *all* heating oil tank projects completed in the past 12 months. For each project, list the following information: name of property owner, address of property, date(s) services were performed, and type of service(s) performed (site assessment, decommissioning, and/or cleanup).

**Signature** (must be signed by a principal of the firm): *"I have obtained a copy of Oregon Administrative Rules (OAR) Chapters 163 and 177, have read them and will direct employees and principals of the firm to perform heating oil tank services in a manner that is consistent with the regulatory requirements. I further state that the information in this application and any attachments is true and correct to the best of my knowledge."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_