



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Department of Environmental Management
 Office of Waste Management
 UNDERGROUND STORAGE TANK MANAGEMENT
 235 Promenade Street
 Providence, RI 02908
 (401) 222-2797
 FAX: (401) 222-3813



RI DEM UST FACILITY ID NO. _____

CERTIFICATE OF INSTALLATION OR MODIFICATION OF UST

I, _____, hereby certify that on _____, 20____, I performed certain installation or modification work on underground storage tanks, piping, and/or other related UST facility components located at:

I further certify that:

1. All work was performed in accordance with: all applicable national codes of practice as listed in "Appendix B" of the Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials (the "UST Regulations"); the manufacturer's instructions; and the prior written approval of DEM.
2. All work specified in the manufacturer's installation checklist has been completed. **(A copy of the installation checklist, signed by the contractor submitting this Certificate, must be attached hereto.)**
3. I am certified or licensed as may be required by the R.I. Department of Labor, Division of Professional Regulation. (See R.I. Gen. Laws Chapter 28-27 regarding installation of commercial gasoline or diesel UST systems.)
4. The City/Town building official was notified prior to the commencement of the installation or modification work.
5. Compliance with all proper installation procedures is assured by at least one of the following (check all that apply):
 - I am certified by the appropriate equipment manufacturers.

- The work performed was inspected and approved by _____, a registered professional engineer in the State of Rhode Island having education and experience with UST equipment installation or modification.
- The work was performed in compliance with the following DEM-approved method(s) for assuring proper installation or modification:

(A copy of DEM's written approval of the above methodology must be attached hereto.)

INSTALLER'S CERTIFICATION

I hereby certify and attest that the information provided herein is true and accurate. I understand that the provision of false or misleading information could subject me to civil and/or criminal penalties, loss of licensure and/or imprisonment as may be provided by statute or regulation.

Signature	Date
Name (Print) : _____	
Title : _____	
Business Name : _____	
Address : _____	
Phone Number: _____	

OWNER'S CERTIFICATION

I hereby certify that I am the registered owner of the above-referenced facility and/or USTs and that the work described herein was undertaken at my direction.

Signature	Date
Name (Print) : _____	
Title : _____	
Business Name : _____	
Address : _____	
Phone Number: _____	