# Tightness Tester Business License Application

Any business who performs, or employs individuals who perform, tightness testing on any underground storage tank (UST) component, including primary and interstitial space of product piping and USTs, piping/STP sumps, under-dispenser containment, and spill containment basins (e.g,. spill buckets), is required to be licensed by RI DEM. Licenses are issued on an annual basis and expire on September 30th of every year. There is currently no fee for a business tightness license. Any tightness test performed by an individual or business who is not licensed is considered invalid and will not be accepted. Submit this application, along and applicable documentation to:

Office of Land Revitalization and Sustainable Materials Management - UST Division
ATTN: Kevin Gillen
Department of Environmental Management
235 Promenade Street
Providence, Rhode Island 02908-5767

Business Name:

Business Physical Address: City: State:

Mailing Address: City: State:

Primary Contact Name: Primary Contact Title:

Primary Contact E-mail: Primary Contact Phone #:

**Answer the Following Questions:**

What individual or business owns the test equipment used?

Who is responsible for test equipment calibration and maintenance?:

**List all Licensed Testers Employed by Company in the Table below:** (if you need additional space, attach a separate sheet of paper)

| Licensed Tester Name | Method(s) Licensed In |
|---|---|
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Each tester is also required to be licensed by RI DEM.

For more information, call (401) 222-2797

**Attach the Following to this application:**

- ☐ A certificate of liability insurance consistent with the amounts and coverages as specified in Rule 1.16(D)(1)(c) of the UST Regulations
- ☐ A list of all testing-related equipment owned by the business, including Manufacturer, Model, serial number, and date of last calibration
- ☐ Copy of the most recent calibration certificate for each piece of testing equipment (Not Required for UST or Product Piping Interstitial testing using pressure or vacuum decay, or sump, under-dispenser containment, or spill containment basin hydrostatic methods)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information submitted is true, accurate and complete. I understand that falsifying information, including submittal of false test results may result in revocation of your license and potential civil and/or criminal penalties.*

Name and Title of Signatory: Date Signed

Signatory Signature: