****

**OKLAHOMA CORPORATION COMMISSION**

**PETROLEUM STORAGE TANK DIVISION**

**(405) 521-4683 FAX: (405) 521-4945**

## LICENSING INFORMATION FOR

## ENVIRONMENTAL CONSULTANTS

### THE APPLICATION PROCESS

1. Application and supporting documents need to be submitted to the Oklahoma Corporation Commission (OCC) Petroleum Storage Tank Division (PSTD) along with a $50.00 check or money order made out to the OCC / PSTD for the application fee. Application fees are non-refundable. **DO NOT INCLUDE THE LICENSING FEE OR YOUR APPLICATION AND ORIGINAL PAYMENT WILL BE RETURNED.**
2. If the application is approved then you will receive an approval to test letter in the mail. Technology centers will be administering the tests at 29 locations across the State of Oklahoma. To find a testing location go to: [www.okhcp.com](http://www.okhcp.com). If your application is denied or more information is needed we will send you a denial letter or request more information.
3. Applicants **MUST** contact the testing center to find out what type of payment is accepted (check, cash or credit card). The testing centers charge $100 per test, this is in addition to the $50.00 fee paid to the OCC. An appointment to take the test **MUST** be scheduled.
4. After the test is completed, the testing center will provide a coaching report to the applicant showing the test score.
5. Once a week the Petroleum Storage Tank Division will have the ability to download the scores. If a passing score of 80% or more is obtained, then you will receive an invoice for the license fee. Upon payment your license will be issued.
6. If a passing score is not received, you will receive another approval to test letter that will be valid 6 months after the date of the original test. After the six month waiting period, you may contact the testing center to reschedule the test. You will be required to pay another testing fee.
7. All examinations and licensing procedures must be completed within one (1) year of approval of the application. Failure to complete will result in forfeiture of fees and will require a new application and appropriate fees.
8. Licensed Environmental Consultants must provide proof of attending (online or in-class) eight (8) hours of PSTD-approved continuing professional education courses, classes, seminars or conferences to PSTD every year. Licensees may request to rollover a maximum of eight (8) credit hours from the current year to satisfy the following year's continuing education requirements. Approval of any rollover hours will be at the discretion of PSTD after evaluating the class, conference, course, or seminar. Licensees must also provide proof of attending eight (8) hours of HAZWOPER Refresher class updates every year.

### CHECKLIST FOR SUPPORTING DOCUMENTS

Please be sure you have enclosed the following with your application:

1. Copy of 40-hour HAZWOPER certificate.
2. Copies of 8-hour annual update certificates.
3. Copy of 8-hour supervisor course certificate.
4. ORBCA Course Completion Certificate
5. Original transcript(s), with school’s seal.

**FEES**

Application fee $ 50.00

License Fee $100.00

Annual License Renewal Fee $100.00

Technology Center Fee (paid directly to the testing site) $100.00

**Familiarity with the following documents will be helpful on the Environmental Consultant Examination**

Oklahoma Water Resources Board (OWRB) rules relative to monitoring wells and commercial water wells.

Oklahoma Department of Environmental Quality (ODEQ) rules relative to public water supply wells.

Be knowledgeable of subsurface zones and hydrologic cycles, including infiltration and soil water movement; groundwater flow; contaminant transport, including vapor transport; hydrologic design for pollution remediation; site characterization, and monitoring. USGS Water Supply Paper 2220 “Basic Groundwater Hydrology”. This document is a good, cohesive resource for these concepts and can be found at <http://pubs.er.usgs.gov/publication/wsp2220>.

OCC Corrective Action of Petroleum Storage Tank Releases rules, Chapter 29.

OCC Indemnity Fund rules, Chapter 27.

OCC Underground Storage Tank rules, Chapter 25.

American Petroleum Institute (API) Recommended Practice 1604, Closure of Underground Petroleum Storage Tanks.

Occupational Safety & Health Administration (OSHA) 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response (Hazwoper).

The OCC has many guidance documents on their web site <http://www.occeweb.com/ps/forms_guide.html>. Please refer to the Technical and Accounting sections. These documents include:

OCC ORBCA Guidance Document

PSTD Field Guidelines Document

PSTD Technical Policies

PSTD Suspicion of Release Guidance

PSTD Accounting Forms and Guidance

OKLAHOMA CORPORATION COMMISSION

PETROLEUM STORAGE TANK DIVISION

P.O. BOX 52000

OKLAHOMA CITY, OK 73152-2000

APPLICATION FOR

ENVIRONMENTAL CONSULTANT

Name of Applicant:       Date:

Social Security Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Mailing Address:       Home/Cell Phone:

City:       State:       Zip:

E-mail:

Company Name:

Company Address:

City, State, Zip:       Phone:

Which address would you prefer to receive mail pertaining to your license?

Home:       Office:

Have you ever been convicted of a felony or a crime (other than minor traffic violations)?

YES  NO

If yes please explain:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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List below the name of the institutions of higher education you attended, including degrees earned and dates of attendance. Substantiate each listing with an OFFICIAL transcript signed and sealed by the registrar of the institution.

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | City & State | Degree Earned | Date |
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List in the following space the technical and professional societies in which you currently hold memberships.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List in the following space environmental/UST seminars and short courses you have attended, including names, places, dates, and copies of certificates or licenses received. Include a copy of the certificate showing completion of the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.120 (HAZWOPER) 40-hour course and the eight- (8-) hour Supervisor class.

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List the dates and locations of each eight- (8- ) hour OSHA updates attended since your 40-hour OSHA course.

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List current professional registrations:

State:\_      Year:       Reg. No.       Type of Registration

State:      Year:       Reg. No.       Type of Registration

State:      Year:       Reg. No.       Type of Registration

Are you an honorably discharged member of the Armed Forces? Yes  No  If yes, please attach a copy of your DD-214.

Are you an active duty member of the Armed Forces?

Yes  No  If yes, please attach a copy of your active duty ID card.

Is your spouse active duty member of the Armed Forces in any state? Yes  No

If yes, please attach a copy of your dependent ID card.

Is your spouse the subject to a military transfer to this state? Yes  No  If yes, please provide a copy of the transfer papers.

Did you leave employment in another state to accompany your spouse to this state?

Yes  No

Are you certified or licensed in another state to perform Environmental Consultant duties?

Yes  No  If yes, please attach a copy of your license.

**RECORD OF EXPERIENCE**

Please list all of your relevant work experience. List each job in chronological order beginning with the earliest and under the “net UST” column please enter how many months you spent in direct UST environmental work. All other environmental work should be listed under Total Environmental. Please be very specific in describing the various types of UST environmental work you have performed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates  From To | | 1. Company Name and Type of Business 2. Job Title 3. Sample projects detailing type of work performed and degree of personal responsibility, name and address of supervisor/project manager | Months Engaged in UST and Environmental Work  Net Total  UST Environmental | |
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List below at least two individuals who can verify environmental and UST experience. Set forth names, current addresses, occupations and your business relationship with each.

**ACKNOWLEDGMENT**

**State of** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I,** **, being duly sworn state that I am the person described in the preceding application, that I have full knowledge of the application's subject matter, and that the statements and representations contained in it are true in every respect.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of applicant)**

**Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, .**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public**

**My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_ .**

**Commission Number:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OKLAHOMA CORPORATION COMMISSION**

P.O. Box 52000

Oklahoma City, OK 73152-2000

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Instructions for Required Affidavit:** All natural persons applying for a license with the Oklahoma Corporation Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. The Commission’s licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

**Affidavit of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Applicant’s Full Name - PRINT] [Nationality; i.e., example, “American”]

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of lawful age, being first duly sworn upon oath

[Print full name]

state, under penalty of perjury, as follows:

That I am a:

□ United States Citizens; or

□ qualified alien under the Federal Immigration and Naturalization Act and I

am lawfully present in the United States.

**COMPLETE SECTION “A” OR “B” AS FOLLOWS:**

**A. If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.**

|  |  |
| --- | --- |
| **□** | Driver’s license or ID card **issued by a state or outlying possession of the United States, provided it contained a photograph or information such as name, date of birth, gender, height, eye color and address;** |
| **□** | **ID card** issued by federal, state of local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address; |
| **□** | **U.S. Military card** or draft record; |
| **□** | **Military dependent’s ID card**; |
| **□** | **Native American tribal document;** |
| **□** | **A birth certificate** showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.; |
| **□** | **United States Passport** (except limited passports, which are issued for periods of less than five years); |
| **□** | **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens); |
| **□** | **Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State; |
| **□** | **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed); |
| **□** | **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed); |
| **□** | **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974); |
| **□** | **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986); |
| **□** | **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (this is given to an individual born outside of the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); |
| **Alien Lawfully Admitted for Permanent Residence** | |
| **□** | **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or |
| **□** | **Unexpired Temporary I-551** stamp in foreign passport or on INS Form I-94. |

**B. If you are a qualified alien, please bring one of the original, unexpired documents to the Oklahoma Corporation Commission with your application. Place a checkmark below to indicate the document that will be submitted.**

|  |  |
| --- | --- |
| **Immigrant or Non-Immigrant Visa Status:** | |
| **□** | **INS Form I-94** (arrival/departure record to be completed by all persons except U.S. Citizens; |
| **□** | **INS Form I-688B** (employment authorization document) (issued prior to 10/01/2006); |
| **Asylee:** | |
| **□** | **INS Form I-94** (annotated with stamp showing grant of asylum under § 208 of the INA |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “27 a.12 (a) (5)”; |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “AS”; |
| **□** | **Grant letter** from the Asylum Office of INS; or |
| **□** | **Order** of an immigration judge granting asylum. |
| **Refugee:** | |
| **□** | **INS Form I-94** annotated with stamp showing admission under § 207 of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3); |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3"; or |
| **□** | **INS Form I-571** (Refugee Travel Document). |
| **Alien Paroled Into the U.S. for at least one year:** | |
| **□** | **INS Form I-94** with stamp showing admission for at least one year under § 212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.) |
| **Alien Whose Deportation or Removal Was Withheld:** | |
| **□** | **INS Form I-94** with stamp showing admission under § 203 (a) (7) of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”; or |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3". |
| **Alien Granted Conditional Entry:** | |
| **□** | **INS Form I-94** with stamp showing admission under § 203 (a) (7) of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”; or |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3". |
| **Other Document** | |
| **□** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, will be cause for denial or loss of licensure and will subject me to criminal penalties under the immigration laws of the State of Oklahoma.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Applicant]

I certify that on the date set forth below, the individual named above appeared personally before me and that I did identify this applicant by: (1) comparing his/her physical appearance with the photograph or the identifying document presented by the applicant and with the photograph affixed hereto; and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

My Commission Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_