

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

100 North Senate Avenue, IGCN 1101 Indianapolis, IN 46204 Email: contractorcertification@idem.in.gov (800) 451-0627

INSTRUCTIONS: Please make check payable to the Indiana Department of Environmental Management and send it to the above address with this form and a copy of your proof of ICC or reciprocal state certification.

Note: This application must be signed by the individual and all information must be legible. Failure to file a legible, properly completed application may result in the application being rejected.

The fee for the Underground St and 329 IAC 9-10 is \$25.00.	orage Tank Certi	fication required in ac	ccordance with IC 1	3-23-3-2 1 ot	al amount enclosed	
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This is an application for a certification	n in <i>(check all that ap</i>	pply):				
Installation or retrofitting	☐Cath	odic Protection	Testing		Decommissioning	
Evidence must be submitted verifying			eck all that apply; enclos	se copy of licens	e / certificate):	
The International Code Coun	cil (ICC) certification	on examination				
OR						
An independent testing agend	cy examination app	proved by the Indiana [Department of Enviro	nmental Mana	gement	
OR						
Requesting reciprocity due to	license / certificat	ion by the State of			<u> </u>	
Name of applicant				Telephone number		
Address (number and street, city, state	te, and ZIP code)			J		
Name of company (if applicable)						
Address of company (number and stre	eet city state and 7	IP code)				
Address of company (number and site	cei, ony, state, and 2	n code)				
	T		Τ =			
Telephone number Cellula		r telephone number		E-mail address		
	•		<u>.</u>			
I hereby certify that I am the pers	on indicated above	e, that all information I	have given herein is	true and comp	lete to the best of my knowledge, and that any	
false statement will be cause for			· ·	·		
Signature				Dat	Date (MM/DD/YYYY)	
		Certificate number		Dat	te mailed (MM/DD/YYYY)	
Approved Denied	I					
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