



Underground Storage Tank (UST) Facilities A/B Operator Statement of Training Record

Oil Remediation and Compliance Bureau



RSA 146-C:17 – C:21

ATTENTION: This form is a document used to facilitate the submission of information required under Env-Or 400. Nothing in this form is required to be submitted to the Department unless such a requirement is expressly stated in the rules. If there is any inconsistency between this document and the adopted rules, only those requirements specified in the rules are applicable and enforceable. Use of this form to submit information required under the rules is OPTIONAL.

Facility ID # _____ NHDES Site ID # _____

Facility Name: _____

Facility Location: _____

Facility Town/City: _____

Name of Approved Training Program: _____

1. Keep a completed copy of this form for owner/operator records.
2. The owner/operator must submit a copy of this to NHDES.

UNDER PENALTY OF LAW, by signing this document you certify that the information submitted is accurate and true to the best of your knowledge and belief.

Class A Operator	
Name: _____	
Training Date: _____	Expiration Date: _____
Class A Operator Signature: _____	Date: _____

Class B Operator	
Name: _____	
Training Date: _____	Expiration Date: _____
Class B Operator Signature: _____	Date: _____

Owner	
Name: _____	
Owner Address: _____	
Owner Signature: _____	Date: _____