



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



OIL REMEDIATION AND COMPLIANCE BUREAU

PO BOX 95 CONCORD NH 03302-0095

Phone # (603) 271-3899 Fax # (603) 271-2181

New Hampshire RSA 146-C:17 – 21

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.

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 City and State _____

Owner Signature _____ Date _____

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.