



Class A/B UST Operator Registration Form

This form must be submitted for all Class A, B, or Class A/B operators along with a copy of your certificate. One form must be submitted for every facility, even if they are owned by the same individual or have the same operator. This form must be submitted for every change in operator. **Submit the completed form to: Office of Land Revitalization and Sustainable Materials Management**

Attn: UST Program
235 Promenade Street
Providence, RI 02908

Facility Name: RIDEM Facility ID:

Facility Address: Facility City:

Primary Contact Name: Primary Contact Phone #:

Remove all previously registered Class A and/or B operators for this facility and replace with those listed below? Yes No

CLASS A OPERATOR

Is this the primary A operator at this facility?

Relation to UST Facility

Operator's Name: Owner Employee Operator Third Party

Operator's Phone #: Operator's E-Mail:

Operator's Mailing Address:

Certificate Type: Licensing State: Certification #: Cert. Issue Date:

CLASS B OPERATOR

Is this the primary B operator at this facility?

Relation to UST Facility

Operator's Name: Owner Employee Operator Third Party

Operator's Phone #: Operator's E-Mail:

Operator's Mailing Address:

Certificate Type: Licensing State: Certification #: Cert. Issue Date:

ADDITIONAL CLASS A and/or B OPERATORS (optional)

Relation to UST Facility

Operator's Name: Owner Employee Operator Third Party

Operator's Phone #: Operator's E-Mail:

Operator's Mailing Address:

Certificate Type: Licensing State: Certification #: Cert. Issue Date:



You must include a copy of a valid Class A/B operator certificate issued by a DEM-approved trainer and tester. If you do not include it, this form will not be processed and you will not be assigned to a facility!

I certify that the individuals listed on this form will act as the designated certified Class A and/or Class B UST Operator(s) at the facility listed above and will perform all duties required. I understand DEM must be notified within 30 days of any changes to the operator designations of this facility or if the named operators are not performing their duties as required.

Facility Owner Signature: Date:

Class A Operator Signature: Date:

Class B Operator Signature: Date: