

PROFESSIONAL REFERENCE FORM

West Virginia Department of Environmental Protection
 DWWM/Environmental Enforcement/Tanks
 601 – 57th Street SE
 Charleston, WV 25304

Applicant's Name: _____
 Address: _____
 Dear Recipient: _____

The above named applicant is submitting an application for certification by the West Virginia Department of Environmental Protection. This certification will authorize the applicant to be directly responsible for the construction, removal, testing or upgrading of facilities which will store hazardous and toxic petroleum products. In many cases these storage systems will be in close proximity to homes and present or future groundwater supplies. You have been selected by the applicant as a person who can attest to his/her professional competency. Please do not take this request lightly. The livelihood of the applicant and the health and safety of West Virginia's people and environment depend on your honesty and integrity. Please return this form directly to the DEP.

My Name: _____
 Address: _____
 Phone: _____

My relationship with the applicant has been that of:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Customer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please specify) |

	Excellent	Good	Poor	Do not know
Character - personal reputation				
Quality of professional work				
Technical knowledge and ability				
Ability to organize projects				

How long have you worked together: _____ month/year to _____ month/year

Business or company you work (ed) for:
Working relationship, type of work, and comments:

Do you consider this applicant to be qualified for certification as an underground storage system installer, remover, tank tightness tester, or corrosion protection installer or tester?

_____ Yes _____ No

Please attach an additional sheet if necessary.

Signature: _____ Date: _____

If you are a certified UST Class A, B, C, D, E or F worker;
provide number: _____

Return form directly to:

West Virginia Department of Environmental Protection
DWWM/Environmental Enforcement/Tanks
601 – 57th Street SE
Charleston, WV 25304
Attn.: Worker Certification