



Nez Perce Tribe Underground Storage Tank Program Designated Operator Form

This form is to be used when designating a Class A and/or B Operator.

Date: _____

Facility ID: _____

Facility Name: _____

Facility Address: _____

Operator Class (circle one or both): A B

Operator Name: _____

Operator Contact Address: _____

Operator Phone: _____

Operator Email: _____

I have completed EPA's UST Operator Exam

Date of Certificate: _____