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: ____________________