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| TR-WM-111a (11/19) | | FEE: $50.00 |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Trade and Consumer Protection*  **Mail to: WDATCP, Lockbox 93598, Milwaukee, WI 53293-0598**  Phone: (608) 224-4942 Email: [DATCPWeightsAndMeasures@wisconsin.gov](mailto:DATCPWeightsAndMeasures@wisconsin.gov) | FOR OFFICE USE ONLY |
| DATE ISSUED: |
| CERT NUMBER: |
| DATE RECEIVED: |

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| TANK SPECIALTY FIRM REGISTRATION RENEWAL APPLICATION  Wis. Stat. §§[101](http://docs.legis.wisconsin.gov/statutes/statutes/101) and [168](http://docs.legis.wisconsin.gov/statutes/statutes/168) Wis. Admin. Code [*§ ATCP 93.240*](https://docs.legis.wisconsin.gov/code/admin_code/atcp/090/93.pdf) |
| Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. Be certain to sign and date the application. Make a photocopy of the completed application for your records. |

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| BUSINESS INFORMATION (If the firm is a corporation, LLC, some type of partnership or other legal entity) | | | | | | | | |
| LEGAL NAME OF BUSINESS ENTITY: | | | TRADE NAME: (IF DIFFERENT FROM LEGAL NAME): | | | | | |
| REGISTRATION NUMBER: | | | EXPIRATION DATE OF MOST RECENT REGISTRATION | | | | | |
| STREET ADDRESS: | | | | | CITY: | STATE: | | ZIP: |
| PHONE (including area code)  (   )     - | CELL PHONE:  (   )     - | FAX NUMBER (if available):  (   )     - | | E-MAIL (if available): | | | | |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): | | | | | | | STATE OF FORMATION: | |

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| APPLICANT INFORMATION (If the firm is an individual or married couple operating as a sole proprietorship) | | | | | | | | | | |
| LEGAL NAME OF APPLICANT (first, middle, last) | | | TRADE NAME: (IF ANY) | | | | | | | YEAR OF BIRTH |
| REGISTRATION NUMBER: | | | | EXPIRATION DATE OF MOST RECENT REGISTRATION | | | | | | |
| STREET ADDRESS OR PO BOX: | | | | | | CITY: | | STATE: | ZIP: | |
| PHONE: (including area code)  (   )     - | CELL PHONE:  (   )     - | FAX NUMBER (if available):  (   )     - | | | E-MAIL (if available): | | | | | |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): | | | | | | | STATE OF FORMATION: | | | |

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| FEE CALCULATOR | |
| Certification Fee | $50.00 |
| Total to Remit Now | $50.00 |

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| REMIT PAYMENT |
| Make check payable to WDATCP and return with this completed and signed form to:  WDATCP PO Box Lockbox 93598 Milwaukee, WI 53293-0598 |

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| ADDITIONAL BUSINESS LOCATIONS UNDER THE SAME FEIN TO BE COVERED UNDER THIS LICENSE  (Locations under other FEINs must submit separate applications (Attach additional pages if necessary) | | | | |
| STREET ADDRESS OR PO BOX: | | CITY: | STATE: | ZIP: |
| PHONE:  (   )     - | E-MAIL: | | | |

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| STREET ADDRESS OR PO BOX: | | CITY: | STATE: | ZIP: |
| PHONE:  (   )     - | E-MAIL: | | | |
| PROOF OF LIABILITY COVERAGE | | | | |
| Copy of Contractor liability coverage must be submitted that verifies the firm has minimum liability coverage, including pollution impairment liability, of no less than $1,000,000 per claim and $1,000,000 annual aggregate and with a deductible of no more than $100,000 per claim. **NOTE: We require that insurance companies list our Department name and address as the certificate holder on the policy:**  WI Department of Agriculture, Trade and Consumer Protection 2811 Agriculture Drive Madison, WI 53708-8911 | | | | |

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| SPECIALTY AREAS | |
| Tank specialty firms are required to use credentialed technicians when performing the ATCP 93 regulated storage system services listed below. Check the box(es) below to indicate the tank specialty area in which you have certified employees performing ATCP 93 related activities: | |
| Aboveground Storage Tank Installation | Underground Storage Tank Installation |
| Storage Tank Lining | Storage Tank System Tightness Testing |
| Site Assessment (closure assessment) | Corrosion Expert |
| Cathodic Protection Tester | Storage Tank Removal/Cleaning (closure by cleaning and removal or closure in place) |

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| ACKNOWLEDGEMENT | | | | | |
| By signing below, the applicant certifies that all information provided on this application is true, accurate and that the registration requirements are met.  Notice: Information including personally identifiable information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purpose, other secondary purposes and purposes other than that for which it was originally collected. (sec. 15.04(1)(m), Wis. Stats.). The Department may also provide this information to requesters pursuant to Wisconsin’s open records law, ss19.31-19.39, Wis. Stats. Social security numbers are required when individuals apply for a license according to Wisconsin Stats., but they may not be disclosed to anyone except other State of Wisconsin governmental agencies and must be held confidential. Social security numbers are not to be entered on this form.  \*The individual applying for a business registration shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation. | | | | | |
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| PRINT NAME OF APPLICANT | | SIGNATURE OF APPLICANT/REPRESENTATIVE | | DATE (MM/DD/YYYY) | |