



San Joaquin Valley

AIR POLLUTION CONTROL DISTRICT

GASOLINE DISPENSING FACILITY TESTER CERTIFICATION APPLICATION

1990 East Gettysburg Avenue, Fresno, CA 93726-0244
(559) 230-6000 Fax (559) 230-6062

District Use Only

DATE STAMP

		First choice	Second choice
1. I would like to attend the mandatory orientation course (\$265 fee*) scheduled for (date):			
2. I HAVE ENCLOSED PAYMENT OF \$ _____ Check #: _____			
3. NAME Last		First	Middle
4. ADDRESS Street and Number		City	State Zip Code
5. BIRTHDATE Month Day Year		6. Daytime Phone: _____ Fax: _____ Email: _____	
8. Are you certified by another air district in California? If yes, give name of district:		Yes	No
9. Have you ever had a Certification suspended or revoked? If yes, give a full explanation on a separate piece of paper.			
10. Are you currently certified with the International Code Council (ICC) and do you have a current certification for Vapor Recovery System Testing and Repair?		Yes	No
ICC Certification Number: _____ Expiration Date: _____		I declare each of the answers given on this application to be complete and true to the best of my knowledge. I understand that any misrepresentation or omission may be cause for disqualification. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting present and former employers. SIGN HERE _____ DATE _____	

ALL FIELDS ON BOTH PAGES OF THIS APPLICATION ARE REQUIRED.

IMPORTANT:

In order to obtain certification, applicants must have at least six (6) months of experience in performing and/or assisting in performing vapor recovery performance testing. Please include all relevant vapor recovery performance testing experience on the attached employment history form.

The International Code Council (ICC) certification exam for Vapor Recovery System Testing and Repair is a prerequisite for the SJVAPCD Gasoline Dispensing Facility Tester Certification Course. An individual's ICC certification for Vapor Recovery System Installation and Repair shall not serve as a substitute for the aforementioned certification.

The payment of a biennial renewal fee is required to keep certification current and will be billed to the certified individual approximately 60 days prior to payment due date every 24 months.

VAPOR RECOVERY PERFORMANCE TESTING -- EMPLOYMENT HISTORY FORM**A****From:**
Month Year **To:**
Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

B**From:**
Month Year **To:**
Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

C**From:**
Month Year **To:**
Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties:

D**From:**
Month Year **To:**
Month Year

Job Title:

Employer:

Telephone:

Address:

Job duties: