



IOWA UST A/B OPERATOR TRAINING GRANT INFORMATION SHEET

(This is required to receive access to IOWA's UST Operator Training Grant)

Return to raymond.rees@passtesting.com or fax to 765-289-8108

Please allow processing time before your credit appears on in your account.

COMPANY'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email Address: _____

Phone: _____ Fax: _____

UST Site Registration #(s): _____

TRAINEE'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email Address: _____

Last 4 digits of SS: _____ Phone: _____

AGREEMENT:

YOU DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT YOU THE ABOVE INFORMATION IS CORRECT. YOU WILL NOT AUTHORIZE OTHERS TO USE YOUR REGISTRATION INFORMATION. YOU WILL NOT SUB-LICENSE, TRANSFER, SELL OR ASSIGN YOUR REGISTRATION INFORMATION AND/OR THIS AGREEMENT TO ANY THIRD PARTY.

TRAINEE: _____ DATE: _____