



Michigan UST Operator A and B Certification Renewal

Renewal Information—PRINT LEGIBLY

Name: _____

Street Address: _____ Is this a home address? **Y** **N**

City: _____ State: _____ ZIP: _____ Home Phone #: _____

Work Phone #: _____ Fax Number #: _____

E-mail (required): _____

Certificate #: _____ ICC Membership # (optional): _____

Job Title / Department: _____ Jurisdiction / Business: _____

Instructions:

Michigan UST Operator Class A and B certifications are valid for five (5) years.
To be current, certificates must be renewed **on or before the expiration date.**

CERTIFICATION EXPIRATION:

Expiration Date of current **UST Michigan UST Operator A** Certification: _____
Month _____ Day _____ Year _____

Expiration Date of current **UST Michigan UST Operator B** Certification: _____
Month _____ Day _____ Year _____

Please check which certification(s) you wish to renew and determine the totals below

	Member	Non-Member
I wish to renew my Operator Class A Certification for 5 years:	\$80	\$95
I wish to renew my Operator Class B Certification for 5 years:	\$80	\$95

Total \$ _____

PAYMENT AUTHORIZATION

For your security, the Assessment Center elects to collect credit card information via telephone.
If paying by credit card, provide name on credit card and signature to authorize the purchase. If paying by check, mail to the address below.

Name as it appears on credit card: _____

Signature: _____

AFFIDAVIT OF APPLICANT

I hereby certify that I am the person indicated on this form, that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application.

Signature: _____ Date: _____

Printed Name: _____

Return this completed application in its entirety to:

**International Code Council
Certification Renewals
Western Regional Office
3060 Saturn St., Ste. 100
Brea, CA 92821-1732
Phone: 1 888 422-7233 ext 5524**

PLEASE ALLOW EIGHT TO TEN WEEKS FOR PROCESSING OF YOUR RENEWAL APPLICATION.