



Practical American Safety Solutions
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Iowa UST Class A/B Operator Training Grant Application

This form is required to receive access to Iowa's UST Operator Training Grant.

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

Once you are registered for training, you must complete **your training within 15 business days** or you/your company will be charged for the full amount of the course.

COMPANY INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

UST SITE REGISTRATION NUMBER(S): _____

TRAINEE'S INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ EMAIL ADDRESS: _____

LAST 4 DIGITS OF SSN: _____ PHONE: _____

AGREEMENT:

You declare, under penalty of perjury under the laws of the United States of America, that 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: _____

