



NASSAU COUNTY DEPARTMENT OF HEALTH

200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
VOICE: 516 227-9692
FAX: 516 227-9613



Application for Initial Issuance or Renewal of CERTIFICATE OF FITNESS (COF) for Storage Tank Tightness Testers or Storage Tank Installers/Removers

Applicant Information	
Name:	Company Name:
Address:	
Town:	State:
ZIP:	
Phone #:	e-mail:
Tester ID # (for Renewal of Tank Tester COF):	**Attach a copy of the company's most recent Certificate of Worker's Compensation Insurance and Liability Insurance with application**

Tank Installers: Attach proof of manufacturer training in tank installation and maintenance
Tank Testers: Attach copies of training certificate(s) in an acceptable tank testing technique

The entity (individual or company) described herein has been properly trained and/or certified in current and approved tank testing or tank installation techniques. APPLICANT SIGNATURE & DATE: _____

Certificate of Fitness		
Type of Certificate:	Check One:	<u>Renewal Fees:</u>
() Tank Tester	* New COF ()	Tank Tester: \$70
() Tank Installer/Remover	Renewal ()	Tank Installer/Remover: \$165
() Company Performs Functionality Tests		

* Applicants requesting a Certificate of Fitness for the first time must pass an exam prior to being issued a certificate. Please contact NCDOH in order to set up an exam appointment and fill out the COF Exam Addendum Application *

I, the undersigned, understand that the issuance of a Certificate of Fitness for the type which is herein applied for is based on the agreement to conform to the regulations and requirements of the Nassau County Department of Health, Article XV, Section 1.9(j) of the Nassau County Public Health Ordinance (NCPHO) and current industry best practices. I further understand that non-compliance of said requirements by myself shall be the cause for revocation of said permit. Upon revocation of said permit the applicant shall be prohibited to conduct such work for which this certificate was issued. The reissuance of certificate shall be, based upon review of the circumstances leading to the revocation, by the Nassau County Department of Health.

Applicant Signature: _____

Date: _____

For Nassau County Department of Health USE ONLY	
COF #	Fee Amount:
Date Issued:	Fee Paid? () yes () no