



NASSAU COUNTY DEPARTMENT OF HEALTH

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



CERTIFICATE OF FITNESS (COF) Exam Addendum for Storage Tank Tightness Testers or Storage Tank Installers/Removers

Fees (Checks/Money Orders made out to "Nassau County Department of Health"):	
Tank Installer/Remover:	\$320 for Exam and Initial Certification
Tank Tester:	\$330 for Exam and Initial Certification

- Exam Policies:
1. After all application materials are received, NCDOH will contact the applicant in order to schedule an exam date and time. After a date/time is agreed upon, this office will officially verify via e-mail and in writing.
 2. The exam will consist of 50 multiple-choice questions. The candidate will be given two hours to complete the exam, which will begin promptly at the previously-scheduled date/time. If the applicant is more than 30-minutes late or fails to appear, all fees will be forfeited.
 3. The passing grade of all exams is 70%.
 4. The exam is CLOSED-BOOK. No study materials will be allowed in the exam room.
 5. All exam fees must be paid AT LEAST 7 days before the date of the exam.
 6. There are no refunds for scheduled exams, however, a booked exam can be rescheduled if this office is given AT LEAST 24 hours notice. This change will be confirmed via e-mail by NCDOH.
 7. If an exam fee cannot be processed by NCDOH, any issued certifications will be voided. The applicant will be contacted by NCDOH and be given 5 days to pay the fee.
 8. All applicants will be contacted regarding their exam results within 2 weeks of the date of the exam. If an applicant fails the exam he/she will be able to re-take the exam immediately after re-submitting a new application and fee.
 9. NCDOH does not endorse any particular study material. It is the responsibility of the applicant to procure appropriate study material.
 12. The exam and all results are the property of NCDOH. Applicants DO NOT have the right to challenge or review the results.
 11. NCDOH reserves the right to add additional requirements as needed.

I, the undersigned, have read and understand the above-stated policies regarding the certification exam(s).

Applicant Signature: _____

Date: _____

NOTES: Tank Tester applicants MUST provide a digital photograph to NCDOH for use in the issued COF ID card.

For Nassau County Department of Health USE ONLY	
Complete Application Received:	Passed Exam?:
Exam Date and Time:	Score:
Confirmed via e-mail and writing?	Sent COF?: