

# OSFM UST Portal



## **New Contractor License Instructions**

## Table of Contents

1	Contractor Licensing Applications – New Contractor .....	3
1.1	Contractor Info: .....	3
1.2	Modules: .....	7
1.3	Branches: .....	10
1.4	Employee List: .....	12
1.5	Terms & Conditions: .....	16
1.6	Summary: .....	16
	Payment: .....	18
1.7	Application Results .....	19
1.7.1	Returned for Corrections .....	19
1.7.2	Approved .....	20

# 1 CONTRACTOR LICENSING APPLICATIONS – NEW CONTRACTOR

---

For a new contractor to apply for a Contractor License, they will need to go to the USTPortal. On the welcome page under Forms / Applications in the Online Applications section is Contractor Licensing Application.

1. Click on Contractor Licensing Applications link. A page will open giving you the option to 'Start a New Application' or 'Continue with Unsubmitted Application'.

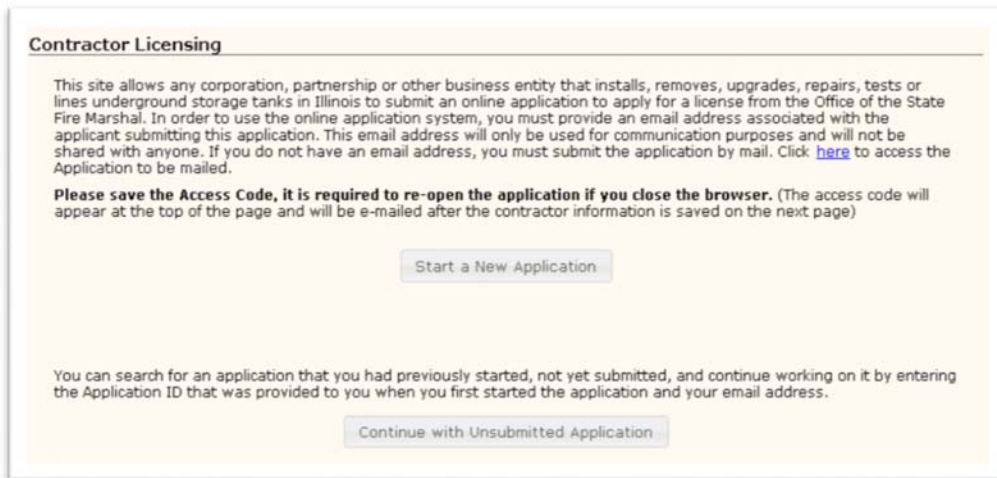


Figure 1: Start or Continue a New Application

2. Click on 'Start a New Application' if nothing has been entered.
3. Click on 'Continue with Unsubmitted Application' to continue. Use the email address that was entered previously and the Access ID sent in the email.

## 1.1 CONTRACTOR INFO:

1. The Contractor Info page opens. Enter values into all the fields. All fields that are required to have data entered are marked with a red asterisk.

**Contractor Licensing Application - License:**

Contractor Info Modules Branches Employee List Terms & Conditions Summary Payment Confirmation

Please update any information as necessary.

**CONTRACTOR INFORMATION**

\* Last Name/Company: I'm A New Contractor

First Name: [text box]

\* Address: 1234 Your City St

City: Your City

\* State: IL Zip Code: 55555

\* County: Sangamon

\* FEIN: 77-777777

**CONTACT INFORMATION**

\* First Name: Your

\* Last Name: Contact

\* Email Address: YourEmail@address.com

\* Verify Email: YourEmail@address.com

**Contact Phone Numbers** [Add]

Type	Number	Ext	
Mobile	(555) 555-5555		[edit] [delete]

**Contractor Phone Numbers** [Add]

Type	Number	Ext	
Work	(555) 555-5555	222	[edit] [delete]

Legend: \* Required Field [edit] - will Edit Existing [delete] - will Delete Existing [x] - will Remove Existing [add] - will Add New

Back Save and Continue Exit

Figure 2: Contractor/Contact Information Entry

2. Enter the name of your Company or a Last Name.
  - a. If a last name was entered, enter the First Name.
3. Enter an address in the first Address line.
  - a. A second address line is provided if needed.
4. Enter the city in City field.
5. Select the state from the State drop down list.
6. Enter the Zip Code.
7. Select the county from the County drop down list.
8. Enter the FEIN for this company.
9. To add the Contractor Phone Number, click on the Add button. [Add]

**Create phone.** [x]

PhoneType: --Select-- [v]

Number: [text box]

Extension: [text box]

Save Close

Figure 3: Create a Phone Number

10. Select the Phone Type.

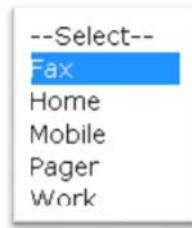


Figure 4: Phone Number Types

Note: You can add multiple phone numbers but only one of each Phone Type.

11. Enter the number and an extension if there is one.
12. Click on the Save button.

**CONTACT INFORMATION**

\* First Name

\* Last Name

\* Email Address

\* Verify Email

**Contact Phone Numbers**

Type	Number	Ext
No data available in table		

Figure 5: Contact Information Entry

Note: The Contact Information is the information OSFM will use as your primary contact source for your company.



13. Enter the contact's First Name and Last Name in the appropriate fields.
14. Enter the contact's Email Address.
15. Enter the same email address in the Verify Email field. This is to ensure that the email has been added correctly.
16. A phone number is also required for the contact. Select the Add button to add the Contact Phone Number(s).
17. Select the phone type from the dropdown selection. Again, only one phone of each type is allowed.
18. Enter the Phone number.
19. Enter an extension if needed.
20. Click on the Save button.

## Edit / Delete:



Type	Number	Ext	
Mobile	(555) 555-5555		 

Figure 6: Edit/Delete Options

21. If you need to edit the phone number, click on the pencil icon  , make your edits and click Save.
22. To delete a phone number, click on the trash can icon .

## Complete the Contractor Info window:

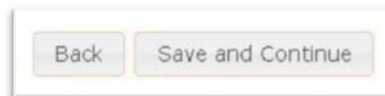


Figure 7: Back/Save and Continue Buttons

23. When you have finished entering data, click on the Save and Continue button.
24. You may also go to a previous window by clicking on the Back button. You will be asked if you want to save changes before leaving the page.



Figure 8: Progress Bar

25. Notice the chevrons at the top changing colors as you complete each page of the application.
  - a. Blue is completed.
  - b. Green is currently working on.
  - c. Gray hasn't been worked on yet.
  - d. The Green and Blue chevrons may be clicked on to navigate in addition to the buttons at the bottom of each page.

## 1.2 MODULES:

Contractor Licensing Application - Our Contracting Company - Access Code: O1V208 - New

Contractor Info Modules Branches Employee List Terms & Conditions Summary Payment

Confirmation

**UST MODULE to be licensed for 2 year period**

\* Select module(s)

- Cathodic Protection
- Decommissioning
- Installation / Retrofitting
- Reline ⓘ
- Tank Tightness Testing

**Insurance Information**

**Commercial General liability insurance** ⓘ

\* Attach original annual certificate of general liability insurance. [InsuranceDoc.pdf](#) ⓘ

\* **Insurance Co.** Insurance Company Name

\* **Policy Number** 123456

\* **Liability Limit** \$100,000.00

\* **Effective Date** 12/16/2016 ⓘ

\* **Expiration Date** 12/16/2017 ⓘ

**Evidence of registration** [farlist20110706.pdf](#) ⓘ

\* Attach the Evidence of registration as an Illinois corporation or Evidence of compliance with the assumed business name act which can be found at: <http://www.ilso.gov/corporatellc/>  
Corp/LLC or Cert of Good Standing ⓘ

Back Save and Continue Exit

Figure 9: Modules Window

Note: On the Modules page, you will notice that an Access Code is listed in the upper right corner. You may want to write this down. An email will be sent to the address that you entered on the previous page with the same Access Code. If you chose to close the application before you complete it, you will need the Access Code to continue working on the application.

1. Place a check in front of each module that a license is being requested for.

**UST MODULE to be licensed for 2 year period**

\* Select module(s)

- Cathodic Protection
- Decommissioning
- Installation / Retrofitting
- Reline ⓘ
- Tank Tightness Testing

Figure 10: List of Modules

2. The question mark ⓘ next to Reline will display the text message when you click on it.

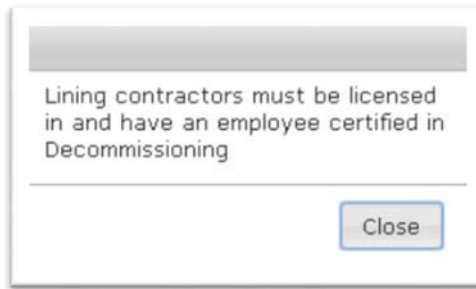


Figure 11: Help Text

3. Enter the data needed in the Insurance Information.

**Insurance information**

**Commercial General liability insurance**

\* Attach original annual certificate of general liability insurance.

\* **Insurance Co.**


\* **Policy Number**

\* **Liability Limit**

\* **Effective Date**

\* **Expiration Date**

Figure 12: Insurance Information Section

4. Attach the original annual certificate of general liability insurance file.
  - a. To do this, you will need to scan it in and save the file as an Adobe Acrobat Document (pdf). Only pdf files are allowed to be uploaded to the system.
  - b. Click on the paper clip icon .

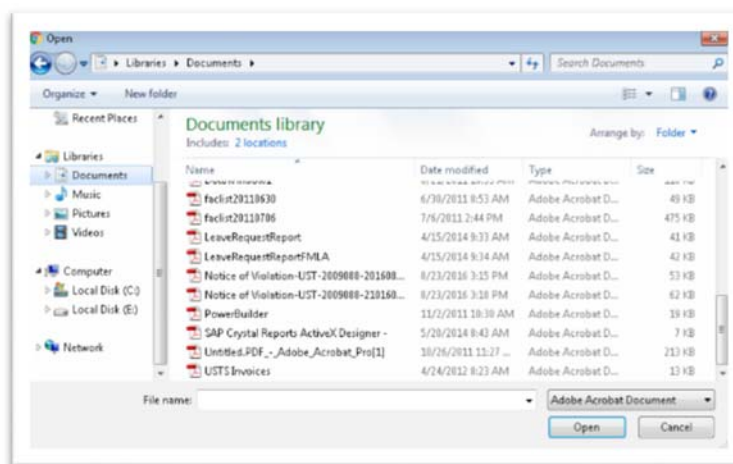


Figure 13: Locate File for Upload



- c. Locate the pdf file, highlight it and click on the Open button.
5. You are required to attach the Evidence of registration.



Figure 14: Evidence of Registration

- a. The same rules apply as did for the insurance, the file has to be in pdf format.
- b. There is a link to the ILSOS site where you can obtain a copy to attach.
6. Select if it is a Corp/LLC or Cert of Good Standing or an Assumed Business. The question mark icon next to the drop down shows:

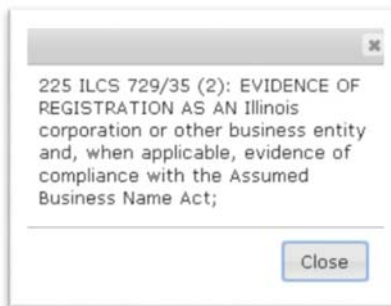


Figure 15: Help Text

7. Click Save and Continue.
8. If you have not entered an amount that is at least \$1,000,000, you be given a message when you try to Save and Continue.

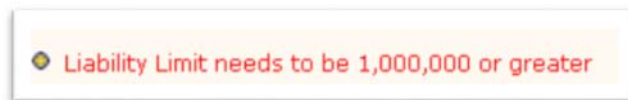


Figure 16: Help Message on Save

### 1.3 BRANCHES:

Figure 17: Branches Window

1. The next screen is used to enter any branch office that the Contractor may have.
2. To add a new branch, click on the Add button.

Figure 18: Branch Information Entry

3. Only the modules that were selected on the Modules window are shown and available to choose.
4. Enter all the data.
5. A phone number is also required. Click on the Add button.
6. Select a type, enter the phone number and Click the Save button.
7. Select the modules that the branch will need to be licensed for.
8. Click on the Save button.

Contractor Info > Modules > **Branches** > Employee List > Terms & Conditions > Summary > Payment > Confirmation

Please add any additional branch offices, if there are none, click Save and Continue to proceed.

**BRANCH OFFICES** + Add

Branch

**Branch Name** Jorgensen Petroleum Maint Inc Edit

**Status** Active

**Address** 1709 A North Fares Avenue

**City/State/Zip** Evansville, IN 47711

Module	Expiration Date	Fee
Tank Tightness Testing	6/29/2007	\$50.00

Figure 19: Branches List

9. The newly added branch is shown in the list.
10. Repeat the above steps for any additional branches that need to be added.
11. If you are not adding any branches or are finished with adding branches, click on the Save and Continue button.
12. You will be taken to the Employee List window.

## 1.4 EMPLOYEE LIST:

NOTE: It is required that there be at least one employee certified for each module on the application.

*\* See the help document on the Employee List page for in-depth help*

1. Click on Add New Employee button. The Edit Employee window opens.

**Edit Employee**

\* Employee First Name

\* Employee Last Name

Employee Middle Name

ICC ID#  <http://verify.iccsafe.org/>

\* Does this employee currently work for another contractor that is licensed by OSFM?  Yes  No

**Contractor Modules:**  
Selected:  - Active:   
 Catholic Protection  
 Decommissioning

Certification Module	ID#	Effective Date	Expiration Date	Exam with Picture ID
<input type="checkbox"/> Catholic Protection Testing Only Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Decommissioning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OSHA**

Certification Module	Effective Date	Expiration Date	Certification
<input type="checkbox"/> OSHA 40 Hour	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> OSHA 8 Hour Refresher	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Employees that have Testing modules only do not require OSHA certification.  
\*\* Also needs licensed in Decommissioning.

Legend  
\* Required Field   - will Edit Existing   - will Delete Existing   - will Remove Existing   Add - will Add New

Save Close

Figure 20: Add Employee Entry

2. Enter data for the employee.
  - a. Fields requiring data are marked with a red asterisk.
    - i. Employee First Name
    - ii. Employee Last Name
  - b. The ICC ID# can be verified by using the <http://verify.iccsafe.org/> link.
3. Attach Picture ID and Certifications where needed.
  - c. Only PDF file formats are allowed to be uploaded.
  - d. Use the paperclip icon to locate the file.
  - e. Click on the paper clip icon .

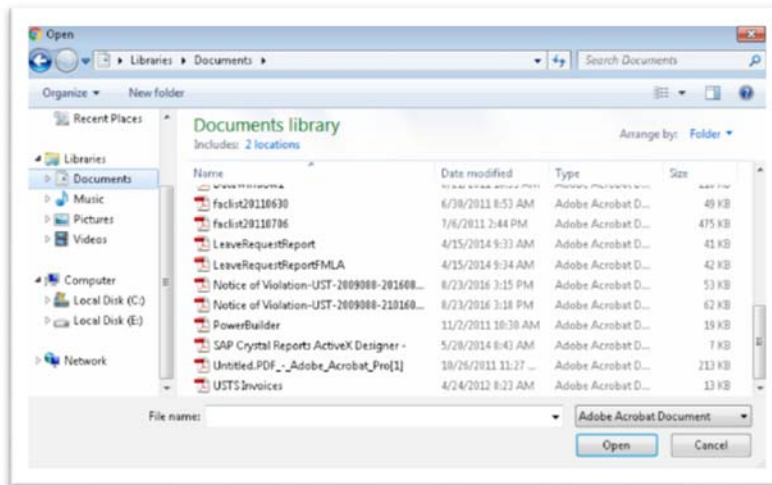


Figure 21: Locate File Upload

- f. Locate the pdf file, highlight it and click on the Open button.

Figure 22: Employee - Currently with another Contractor

4. If the employee is working for another contractor, select Yes for 'Does this employee currently work for another contractor that is licensed by OSFM?'.
  - g. Upload the employee's Authorization to Transfer using the paperclip icon to locate the file. This too needs to be in PDF file format.
  - h. If the employee already has their certification documents on file at OSFM, select Yes to 'Does this employee already have their certification documents on file at OSFM?'.
    - i. The Certification and OSHA modules are gone and a question asking which certifications the employee currently has.
    - ii. Select all the certifications that the employee currently has, including OSHA.

• Does this employee currently work for another contractor that is licensed by OSFM?  Yes  No  
 • Upload Employee's Authorization to Transfer  
 Authorization.pdf

• Does this employee already have their certification documents on file at OSFM?  Yes  No

---

**What certifications does this employee currently have?**  
 Decommissioning  
 OSHA 40 Hour  
 OSHA 8 Hour Refresher

Figure 23: Employee - Certifications on File

- i. If the employee has been working for another contractor, but does not have their certification documents on file at OSFM, select No to 'Does this employee already have their certification documents on file at OSFM?'.
  - i. Select the modules the employee is certified in.
  - ii. Enter the ID#.
  - iii. Enter the Effective and Expiration Date of each module.
  - iv. Upload the Exam Picture ID or Certification for each module selected.
  - v. Add the information for OSHA and upload files for each.

• Does this employee currently work for another contractor that is licensed by OSFM?  Yes  No  
 • Upload Employee's Authorization to Transfer  
 Authorization.pdf

• Does this employee already have their certification documents on file at OSFM?  Yes  No

Certification Module	ID#	Effective Date	Expiration Date	Exam with Picture ID
<input checked="" type="checkbox"/> Decommissioning	45654	12/01/2016	12/01/2018	PictureID.pdf

**OSHA**

Certification Module	Effective Date	Expiration Date	Certification
<input checked="" type="checkbox"/> OSHA 40 Hour	01/10/2001	01/10/2002	OSHA40.pdf
<input checked="" type="checkbox"/> OSHA 8 Hour Refresher	01/10/2017	01/10/2018	OSHA8.pdf

Figure 24: Employee – Certifications Not on File

- If the employee has not been working for another contractor, select No to 'Does this employee currently work for another contractor that is licensed by OSFM?'.

**Edit Employee**

\* Employee First Name  Contractor Modules:  - Active:   
 \* Employee Last Name   Cathodic Protection  
 Employee Middle Name   Decommissioning  
 ICC ID#  <http://verify.iccsafe.org/>

\* Does this employee currently work for another contractor that is licensed by OSFM?  Yes  No

Certification Module	ID#	Effective Date	Expiration Date	Exam with Picture ID
<input checked="" type="checkbox"/> Cathodic Protection Testing Only Yes <input type="radio"/> No <input checked="" type="radio"/>	<input type="text" value="8754"/>	<input type="text" value="12/27/2016"/>	<input type="text" value="12/27/2018"/>	<a href="#">edapp0.pdf</a>
<input checked="" type="checkbox"/> Decommissioning	<input type="text" value="9568"/>	<input type="text" value="12/27/2016"/>	<input type="text" value="12/27/2018"/>	<a href="#">edapp2.pdf</a>

**OSHA**

Certification Module	Effective Date	Expiration Date	Certification
<input checked="" type="checkbox"/> OSHA 40 Hour	<input type="text" value="12/01/2016"/>	<input type="text" value="12/01/2017"/>	<a href="#">OSHA40.pdf</a>
<input type="checkbox"/> OSHA 8 Hour Refresher	<input type="text"/>	<input type="text"/>	

\* Employees that have Testing modules only do not require OSHA certification.  
 \*\* Also needs licensed in Decommissioning.

Legend  
 \* Required Field    - will Edit Existing    - will Delete Existing    - will Remove Existing    Add - will Add New

Figure 25: Employee - Not Currently with another Contractor

- Select the modules the employee is certified in.
- Enter the ID#.
- Enter the Effective and Expiration Date of each module.
- Upload the Exam Picture ID or Certification for each module selected by using the paperclip icon to locate the pdf file.
- Add the information for OSHA.
- Click on the Save button, then Close.
- If any item is incomplete you will receive a message in red print displayed in the upper left corner. Correct these and Save again.



Figure 26: Help Message

- Click on the Close button.
- Repeat the above steps for each employee being added.

Contractor Info Modules Branches **Employee List** Terms & Conditions Summary Payment Confirmation

I. Add employee(s) that are associated to the application

Add New Employee will allow you to add a New Employee to the application and add their certifications **Contractor Modules:**  
 Selected:  - Active:   
 Cathodic Protection  
 Decommissioning

II. Use the Edit button to Update, Add, or Upload Employee Certifications

**CERTIFIED EMPLOYEE LIST**

**Evans, Bob - ICC#: 123456**

**Employed - Active**

Certifications:

Type	Candidate ID	Expiration
Cathodic Protection (Testing Only)		
Decommissioning		
OSHA 40 Hour		
OSHA 8 Hour Refresher		

**Transfer Authorization:** [BobEvanAuth.pdf](#)

**Evans, John - ICC#: 8754**

**Employed - Active**

Certifications:

Type	Candidate ID	Expiration
Cathodic Protection (Testing Only)	8754	12/27/2018
Decommissioning	9568	12/27/2018
OSHA 40 Hour		12/1/2017

Figure 27: Certified Employee List

15. On the Employee List page, you will see the employees you've added.
16. When all the employees have been added, click on the Save and Continue button.

## 1.5 TERMS & CONDITIONS:

1. Select that As Representative of 'contractor', I agree to the Terms and Conditions.
2. Save and Continue.

## 1.6 SUMMARY:

1. A Summary page of the application is shown for you to review.
  - a. If changes need to be made, click on the Back button or use the chevron progress bar to return to a specific window.
    - I. You will be asked if you like to save changes before leaving the page.
  - b. If the application is complete, click on Continue to Payment button.



**Contractor Licensing Application - I'm A New Contractor - Access Code: 07R1E6 - New**

[Contractor Info](#)
[Modules](#)
[Branches](#)
[Employee List](#)
[Terms & Conditions](#)
[Summary](#)
[Payment](#)
[Confirmation](#)

**Contractor Information**

**Contractor Info**  
**Contractor Name** I'm A New Contractor  
**Address** 1234 Your City St  
 Your City, IL 65555  
**County** Sangamon  
**Work** (555) 555-5555 ext(222)  
**FEIN** 77-777777

**Contact Info**  
**Contact Name** Your Contact  
**Email Address** YourEmail@address.com  
**Mobile** (555) 555-5555

**Branches**

**Modules**

**Selected Modules**  
 Decommissioning  
 Reline

**Insurance Info**  
**Insurance Co.** Your Insurance Co  
**Policy Number** 123456  
**Liability Limit** \$1,000,000.00  
**Effective Date** 3/9/2017  
**Expiration Date** 3/9/2018

**Module Files**

Type	File Name
Certificate of Insurance	<a href="#">Insurance.pdf</a>
Corp/LLC or Cert of Good Standing	<a href="#">Evidence of Reg.pdf</a>

**Employees**

**Your Employee - ICC#: [13215](#)**

**New**

Certifications:

Type	Certification	Candidate ID	Effective	Expiration
Decommissioning	<a href="#">Decommissioning.pdf</a>	132136	3/9/2017	3/9/2019
Reline - Some Manufacturer	<a href="#">ManufacturerID.pdf</a>		3/9/2017	3/9/2019
OSHA 40 Hour	<a href="#">OSHA40.pdf</a>		3/9/2017	3/9/2018

\* Your application will need to be approved by the Office of the Illinois State Fire Marshal before any changes take affect.

Figure 28: Application Summary

## PAYMENT:

1. On the Payment page, you are shown the modules that were selected and the amount for each. If there were branches added, you will also see those listed with the amount for them.
2. Select if the payment is to be submitted online or through the mail.

Module	Fee
Module: Cathodic Protection	1000.00
Module: Decommissioning	1000.00
Branch: A Branch - Cathodic Protection	50.00
Branch: A Branch - Decommissioning	50.00

Figure 29: Payment Window

3. Click on the Continue button.

**Total Amount Owed: \$2100.00**

Pay Online  
 Mail Payment

**Mail Payment**  
If for some reason you are unable to pay online you can send a check or money order in the amount of \$200.00 (for each site). Please make payable to the Office of the State Fire Marshal. Please note this will increase the approval time by up to 14 days.

Figure 30: Select Payment Method – Mail Payment

**Total Amount Owed: \$2100.00**

Pay Online  
 Mail Payment

**Pay Online**  
Press continue to proceed to the payment screens. Do not close the browser window until the payment process is complete and the application summary page is displayed.

**We Accept:** American Express, Discover, Mastercard, VISA, eCheck

For issues with online payments contact OSFM - Division of Petroleum & Chemical Safety at 217-785-1020.

**There is a convenience fee charged for using this system.** The fee is not charged or collected by the Office of the State Fire Marshal. The Office of the State Fire Marshal does not receive any portion of the convenience fee. The convenience fee is charged by the payment processing company and will show on your credit card statement as a separate entry.

Click on the Illinois State Treasurer [E-Pay link](#) to find out more information about convenience fees and to see a FAQ.

Figure 31: Select Payment Method – Pay Online

4. When selecting Pay Online you will be taken to a secure site to enter your payment information. Fill out the required information and submit the payment. Make sure you click the close button

on the payment summary page to return to the license application summary. Once you have completed payment you will be brought back to the Confirmation page.

At any point, you can exit the application with the data that was entered and saved still completed. You can return to complete the application by selecting the Continue with Unsubmitted Application button.

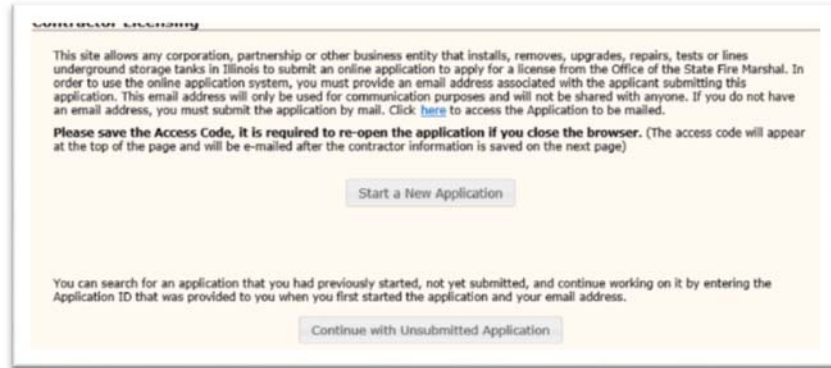


Figure 32: Continue with Unsubmitted Application

Enter the Access Code along with the email address, click on the Search button.



Figure 33: Enter Access ID and Email

## 1.7 APPLICATION RESULTS

After you submit the application, OSFM will review it. During the review process more information may be needed before the application can be approved.

### 1.7.1 Returned for Corrections

If more information needs to be included, OSFM staff person will send an email to the address entered on the application. The email will include a link to open the 'Continue Unsubmitted Contractor License Application' page along with your Access ID to make the necessary changes.



Figure 34: Return Email for Corrections

1. Click on the link.
2. Enter the email address entered on the application.

3. Enter the Access ID
4. Click on the Search button.

Figure 35: Enter Access ID and Email

5. Look for the highlighted section.
6. OSFM staff person will have entered what is needed for that section.

Type	Certification	Candidate ID	Effective	Expiration
Decommissioning	Test%3F.pdf	123	2/7/2017	2/7/2019
Installation / Retrofitting	Test (1).pdf	123	2/7/2017	2/7/2019
OSHA 40 Hour	Test (1).pdf		2/7/2017	2/7/2019

Figure 36: Section Needing Corrected

7. Click on the 'Update Section'. What you will need to update will depend on the section that is highlighted. The above image is an example of additional information needed on an employee.

Figure 37: Section Resolved

8. The 'Update Section' link will open whichever section needs the additional information.
  - o Make the necessary changes.
  - o Place a tick in 'Issue Resolved'.
  - o Enter any comments that are needed.
  - o Click on the Save and Continue button. You will be taken back to the full application page.
9. After you have made the changes, click on the Resubmit button located at the bottom of the page.

### 1.7.2 Approved

Once OSFM has approved it, you will also be sent an email with instructions on how to activate your online account.