

Application for Facility Registration to Requalify Cylinders By Visual Inspection Method Only

Application made in accordance with requirements of 49 CFR Part 107.805(f).

Company Name: _____

Facility Manager Name: _____

Facility Address (where visual inspections to be performed):

Street _____

City _____ State _____ Zip Code _____

Facility Telephone: _____ Fax: _____

Mailing Address (if different from above):

Street _____

City _____ State _____ Zip Code _____

List of DOT Specification/Exemption Cylinders to be inspected:

I certify that this facility will operate in compliance with all applicable requirements of the Hazardous Materials Regulations, including the requirements of 49 CFR Part 180.209(g) relating to the requalification of cylinders by the visual inspection method. I further certify that individuals performing external visual inspections at the facility address referenced above have been trained and have received the appropriate information, as applicable, contained in CGA Pamphlet C-6 (Standards for Visual Inspection of Steel Compressed Cylinders) and C-6.3 (Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Cylinders).

Signature _____ Date _____