

**APPLICATION FOR APPROVAL OF FOREIGN DOT CYLINDER
REQUALIFICATION FACILITY**

LOCATED OUTSIDE OF THE UNITED STATES (NON-US)

1. Name and Title of Responsible Person:

Facility Manager:

Company Name:

Facility Address:

(Where testing is performed) (Street Address) City, State, Zip Code

Mailing Address: (if different than above) City State Zip Code

Designated U.S. Agent Information: (Name of Company or Individual, U.S. mailing address with Zip Code, email, phone and fax)

2. Business Telephone () Fax () Email:

3. Check One: Headquarters _____ Division _____ Branch _____

If Division or Branch, Headquarters Location

List Other Facilities Operated:

If applicable, current Hydrostatic Retest I.D. Number:

4. Applicant intends doing business as:

Individual _____ Partnership _____ Corporation _____

State of Incorporation: Date of Incorporation:

5. What DOT specification/DOT exemption cylinders will be tested?

6. Estimated number of cylinders to be tested annually under this registration:

7. Will cylinders be tested by water jacket volumetric expansion method?

Yes _____ No _____

a. If no, state other method used:

Direct Expansion _____ Modified Hydrostatic _____

Pressure Recession _____ Other:

8. Describe briefly your equipment and facilities for drying cylinders after test:

9. Testing Equipment Inventory:

(a) Manufacturer _____

(b) Model and serial number _____

(c) Inside diameter and length of test jacket(s) _____

(d) Is a copy of manufacturer's operation manual for the equipment on file at the facility? _____

(e) Is an optional pressure recorder part of the test unit? _____

(f) Does the test jacket have an explosion port; if so, what size

is the rupture disc and of what material is it made? _____

(g) Is the test unit equipped with a pressure snubber to prevent excessive surges and vibration? _____

(h) Pressure Gauge(s):

(1) Percent accuracy? _____

(2) Method for certifying test gauge calibration:

a. Outside agency _____ b. Second calibration cylinder _____

c. Master gauge _____ d. Deadweight tester _____

e. Other _____

Frequency: _____

Performed by: _____

Increments and range? _____

(2)

(i) Test Burettes:

(1) Number _____

(2) Percent accuracy _____

(3) Range _____ Increments _____

(List for each burette)

(4) Method of leveling _____

(5) At eye level when reading? _____

(j) Calibrated cylinder:

(1) Manufacturer and serial number? _____

(2) Is calibration chart available? _____

(3) Frequency of use? _____

I certify that I am familiar with all applicable Federal regulations relating to functions I will perform, and that all statements made by me on this application are to the best of my knowledge true and correct.

I understand that any duly authorized employee of the US Department of Transportation may enter, examine and inspect any premises, building, room, establishment, and all records relating to the reinspection and retesting of DOT specification and DOT exemption cylinders to determine compliance with applicable regulations.

(Date)

(Signature) (Title)