

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

New Application Renewal Application Modification Current RIN# _____

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

Company Name: _____
(If you are a company that is doing business as (dba), use the following format, corporate name dba company name)

Facility Manager Name: _____

Facility Address: (where visual inspections will be performed)

_____ Street

_____ City _____ State _____ Zip Code

Facility Telephone: _____ Fax _____

Email: _____

Mailing Address: _____ Corporate _____

Company Name: _____

_____ Street

_____ City _____ State _____ Zip Code

Contact Telephone: _____ Email: _____

Check DOT Specification/Special Permit Cylinders to be inspected in accordance with 180.209(g):

<input type="checkbox"/> 3A	<input type="checkbox"/> 4B	<input type="checkbox"/> 4AA480
<input type="checkbox"/> 3AA	<input type="checkbox"/> 4BA	<input type="checkbox"/> 4B240
<input type="checkbox"/> 3A480X	<input type="checkbox"/> 4BW	<input type="checkbox"/> 4BW240
<input type="checkbox"/> 3B	<input type="checkbox"/> 4E	<input type="checkbox"/> Special Permit (List) _____

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 the 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).

NOTE: Please include training documents/certification, as part of your complete approval application, for each employee performing external visual inspection at the reference facility address in accordance with the training requirements of 49 CFR Part 172.704.

Name (Print)

Signature

Date

