ADDITIONAL DOT REQUIRED INFORMATION
FOR MOBILE UNITS

Please Type.

Where are actual inspections & test being performed? (City, State & Address). If too many to list, list at least. 4 furthest & 4 nearest, North, East, South and West, Give approximate one way distance (miles) from base station to each location.

_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____

Operating Procedures

_____
_____
_____

Size of cylinders tested (length & diameter)

Smallest _____ X ____

Largest _____ X ____

How is mobile unit transported?

VEHICLE IDENTIFICATION NUMBER(S)

_____
_____
_____
_____

_____
_____
_____

Note:

1. Retester must include photograph of the truck and equipment in the truck.
2. Records must be kept at stationary facility.