

Application for Registration of Cylinder Requalification Facility

New Renewal RIN # _____

Name and Title of the Responsible Person: _____

Facility Manager: _____

Company Name & Address: _____

Mailing Address (if different): _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

DOT Specification and/or special permit cylinders that will be requalified:

3A, 3AA, 3HT, 3AL, 4B, 4BA, 4BW, 8, 8AL

Other (Specify) _____

Special Permits (Specify) _____

Will the water jacket volumetric test be used? yes no

If Yes: Manufacturer _____ Jacket Size _____ Pressure Range _____

Pressure gauge(s):

Range _____ Graduations _____ Date Certified to ½ % accuracy _____

Expansion Measurement:

Range _____ Graduation _____ % Accuracy _____

Will other test method(s) be used? yes no

If Yes: Identify _____

Pressure gauge(s):

Range _____ Graduations _____ Date Certified to ½ % accuracy _____

I certify that the above noted facility will operate in accordance with the applicable portions of 49CFR 180.201 to 180.215.

Date _____

Signed _____

Mail to: US Department of Transportation
Pipeline & Hazardous Materials Safety Admin
1200 New Jersey Avenue, SE
East Building 2nd Floor, PHH-32
Washington, DC 20590

Fax: 202/366-3753 or 202/366-3308

E-mail: approvals@dot.gov