

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

New Application

Renewal Application Current

_____ DUNS number 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 the visual inspections will be performed)

_____ Street

_____ City _____ State _____ Zip Code

Facility Telephone: _____ Fax: _____

Email: _____

Is this facility associated with multiple locations: Yes No

Mailing Address: Corporate Other

Company Name: _____

_____ Street

_____ City _____ State _____ Zip Code

Contact Phone #: _____ Email: _____

List of DOT Specifications/Exemption Cylinders to be inspected

3A	4B	4BW240	4E260
3AA	4BA	4BA240	SP12706 Special Permit
3A480X	4BW	4E240	_____ Special Permit
3B	4E	4B240	_____ Other
3AL		4BW260	_____ Other

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 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).

_____ Name (print) _____ Signature _____ Date

Email to approvals@dot.gov