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