

Mobile Unit
APPLICATION OF REGISTRATION FOR CYLINDER REQUALIFICATION
In Accordance with 49 CFR 107.705 & 107.805

New _____ Renewal _____ Modification _____ Current RIN: _____

Company Name: _____

Facility Manager: _____

Point of Contact: _____

Address where Mobile Unit reside:

Mailing Address (If Different):

Business Phone: _____

Fax: _____

Email: _____

Requalification Test Method: _____

_____ High Pressure

_____ Low Pressure

List DOT Specification and /or Special Permit Cylinders that will be requalified:

Note: All New and Renewal Applications must include an Independent Inspection Agency recommendation.

I understand that any authorized employee of the Department of Transportation may enter and inspect the facility where requalification is conducted, as well as, all records relating to the retesting of DOT Cylinders/Special Permits to determine compliance with applicable regulations of the 49 CFR.

I certified that the above facility will operate in accordance with the applicable portions of 49 CFR Part 180.

Date: _____

Signature and Title

**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.