

## Application for Facility Registration to Requalify Cylinders by Visual Inspection Method Only

New Application     Renewal Application     Modification    Current 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 visual inspections will be performed)

\_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Facility Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Only if the mailing address is different than the facility address

Mailing Address: \_\_\_\_\_ Corporate \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Check DOT Specification/Special Permit Cylinders to be inspected in accordance with 180.209(g):**

_____ 3A	_____ 4B	_____ 4AA480
_____ 3AA	_____ 4BA	_____ 4B240
_____ 3A480X	_____ 4BW	_____ 4BW240
_____ 3B	_____ 4E	_____ Special Permit (List) _____

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 the 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

