

# 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: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If Different) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Test Method:**

Hydrostatic \_\_\_\_\_ Acetylene \_\_\_\_\_ Ultrasonic \_\_\_\_\_ Acoustic Emission \_\_\_\_\_

\_\_\_\_\_ 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