

Application for Facility Registration to Requalify Cylinders By Visual Inspection Method Only

- Application made in accordance with requirements of 49 CFR Part 107.805(f)
- If application is for renewal of existing Requalifier Identification Number (RIN), please show the existing RIN below:

Existing RIN, if applicable: _____

Company Name: _____

Facility Manager Name: _____

Facility Address (where visual inspections to be performed):

Street

City State Zip Code

Facility Telephone: _____ Fax: _____

Mailing Address (if different from above):

Street

City State Zip Code

List of DOT Specification/Special Permit Cylinders to be inspected:

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 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 Gas Cylinders) and C-6.3 (Guidelines for Visual Inspection and Requalification of Low Pressure Aluminum Compressed Gas Cylinders).

Signature Date