# 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