

State of California  
California Environmental Protection Agency  
Air Resources Board  
Attn: Accounting  
P.O. Box 2815  
Sacramento, CA 95812  
(916) 322-6950 (916) 327-1524



<b>ARB USE ONLY</b> Amt. \$ _____ Date : _____ Chk # : _____ Initial: _____
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INT-2 (CT-4)

7-98

# Cargo Tank Vapor Recovery Certification Application

Please TYPE or PRINT

## Part A. Owner / Operator

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Cargo Tank No. CT \_\_\_\_\_ Please check one: New \_\_\_ Renew \_\_\_ Change of Owner \_\_\_

Expiration Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Unit or Equipment No. \_\_\_\_\_ Serial No. \_\_\_\_\_

Manufacturer \_\_\_\_\_ Tank Capacity \_\_\_\_\_ No. of Compartments \_\_\_\_\_

Vehicle Type : Truck \_\_\_ Trailer \_\_\_ License Number (or VIN) \_\_\_\_\_

**NOTE:** As a condition of certification, the cargo tank Owner / Operator must notify the ARB of testing at least TWO DAYS PRIOR to testing. Notification can be made by contacting one of the numbers located at the top of this form.

Date of Test \_\_\_\_\_ Date of Contact \_\_\_\_\_

*I hereby Certify under the penalty of perjury to the accuracy of the above information,*

Owner / Operator: \_\_\_\_\_  
Printed Name Signature

## Part B. Test Company ( All test information must be entered on this application.)

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Pressure Change \_\_\_\_\_ Vacuum Change \_\_\_\_\_ Internal Vapor Valve Test \_\_\_\_\_

*I hereby certify under penalty of perjury, that the tank described above has been tested in accordance with the certification and test procedures set forth by the California Air Resources Board, and to the accuracy of the results,*

Test conducted by : \_\_\_\_\_  
Printed Name Signature Date Tested

PLEASE RETURN THIS COMPLETED FORM WITH FEE OF \$ 20.00 PAYABLE TO: ARB / CARGO TANK

NOTE: APPLICATIONS SUBMITTED LATER THAN 15 DAYS PRIOR TO EXPIRATION REQUIRE \$40.00 PROCESSING FEE.

<b>ARB USE ONLY</b> Decal Number _____ CARB _____ Expiration Date: ____ - ____ - ____
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