

AIR DIVISION: PERMIT APPLICATION FOR GASOLINE TRANSPORT TANK TRUCK

Do Not Write In These Spaces

FACILITY NUMBER:										
PLEA	SE TYPE OR PRINT IN IN	K								
1.	Name of Tank Truck O	wner:								
2.	Mailing Address to whic	ch Environmental C	orrespondence is to be sent:							
	NAME OF CONTACT P	ERSON								
	TANK TRUCK BUSINE	SS NAME								
	STREET ADDRESS OR	STREET ADDRESS OR P.O. BOX								
	CITY	STATE	ZIP CODE							
	() TELEPHONE NO.	() FAX NO.	EMAIL ADDRESS							
3.	An Ex	Application for kisting Tank Truck e of Ownership en previously permitt	Change of Location Change of Location Other (Specify) ed in Alabama, please provide the name of the							
4.	Normal Operating Sche	dule:								
	Hours per Day		Weeks per Year							
	Days per Week		Peak Season							
	Maximum Operating	Hours per Year _								

5.	Type of Tanl	k Truck (Pl	ease Check	One):				
		Straigh	nt Tank (Bol	btail)	Full/S	Semi-Trailer		
6.	Manufacturer of Tank (Trailer):							
7.	Year of Manufacture of Tank Truck (Trailer):							
8.	Tank Truck	(Trailer) Se	rial Numbe	er (VIN Nun	nber):			
9.	Company Tr	ailer Numb	er:					
10.	Tank Inform	nation: (Front)						(Rear)
C	Compartment	1	2	3	4	5	6	7
11.	Where is this	s tank truck	loaded?					
	Gasoli	ne Refinerie	s 🗌	Gasoline	Bulk Plants		Gasoline Tern	ninals
12.	Method of T	ank Fill:		_				
	Botto	m Loading		Top (Spla	sh) Loading		Submerged Fi h Top Hatche	
13.	Is the tank tr	ailer equip	ped with a g	gasoline vap	or control sy	vstem (vapor	balance)?	
		Yes		[No			
14.	Has the vapo vapor- tightr CFR 63 Subj	ness in accor	dance with	Reference				
		Yes		[No			
15.	If the tank tr	uck has bee	en tested, pl	ease comple	te the follow	ing informat	ion:	
	(a) T	esting Firm	Name:					
	(b) A	Address:	_					
	(c) [Date of Test:	_					

NOTE: Please attach a copy of the latest vapor-tightness test record with this Permit application (Method 27).

(d)	Does the tank	k truck (trailer) o	currently posse	ess a Jefferson	County A	ir Permit &
	Sticker					
]				

	Yes No
	(e) If "Yes", please write the Air Sticker number in the space provided and submit a copy of the permit:
15.	Please attach a list of all locations in Alabama (other than Jefferson County) where the tank truck is loaded. Please include the name and mailing address for each location.
16.	Please attach a list of all locations in Alabama (other than Jefferson County) where the tank truck delivers gasoline. Please include the name and mailing address for each location.
17.	Does the company applying for the permit own a bulk plant?
	Yes* No *If "Yes", please provide the physical address of the bulk plant.
18.	Name of Person Submitting Report
	Title:Phone:
	Signature:Date:
	PLEASE RETURN TO:
	ADEM PO BOX 301463 MONTGOMERY AL 36130-1463

ATTN: AIR DIVISION