

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION

PERMIT APPLICATION
FOR GASOLINE TRANSPORT
TANK TRUCK

DO NOT WRITE IN THE SPACES BELOW

FACILITY NUMBER:

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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AIR STICKER NUMBER:

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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PLEASE TYPE OR PRINT IN INK

1. Name of Tank Truck Owner _____

2. Mailing Address to which Environmental Correspondence is to be sent:

NAME OF CONTACT PERSON

TANK TRUCK BUSINESS NAME

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

(____)

(____)

TELEPHONE NO.

FAX NO.

EMAIL ADDRESS

3. Purpose of Application (*check one*):

_____ Initial Application for
An Existing Tank Truck

_____ New Tank

_____ Modification

_____ Change of Location

_____ Change of Ownership**

_____ Other (*specify*) _____

**If the tank truck has been previously permitted in Alabama, please provide the name of the former tank truck owner: _____

4. Normal Operating Schedule:

Hours per Day _____

Weeks per Year _____

Days per Week _____

Peak Season _____

Maximum Operating Hours per Year _____

5. Type of Tank Truck (*check one*):

_____ Straight Tank (Bobtail)

_____ Full/Semi-Trailer

6. **Manufacturer of Tank (Trailer):** _____
7. **Year of Manufacture of Tank Truck (Trailer):** _____
8. **Tank Truck (Trailer) Serial Number (VIN Number):** _____
9. **Company Trailer Number:** _____

10. **Tank Information:**

| | (Front) | | | (Rear) | | | |
|-------------|---------|---|---|--------|---|---|---|
| Compartment | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | |

11. **Where is this tank truck loaded?**

_____ Gasoline Refineries _____ Gasoline Bulk Plants _____ Gasoline Terminals

12. **Method of Tank Fill:**

_____ Bottom Loading _____ Top (Splash) Loading _____ Submerged Fill
(Through Top Hatch)

13. **Is the tank trailer equipped with a gasoline vapor control system (vapor balance)?**

Please Circle One. Yes No

14. **Has the vapor collection system on the above gasoline cargo tanker truck been tested for vapor-tightness in accordance with Reference Method 27 (40 CFR 60) while utilizing 40 CFR 63 Subpart R for allowed delta vacuum?**

Please Circle One. Yes No

15. **If the tank truck has been tested, please complete the following information:**

(a) Testing Firm Name: _____

(b) Address: _____

(c) Date of Test: _____

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

(d) Does the tank truck (trailer) currently possess a Jefferson County Air Permit & Sticker

Please Circle One. Yes No

(e) If "Yes", please write the Air Sticker number in the space provided and submit a copy of the permit: _____

