

APPLICATION FOR AIR POLLUTION VAPOR RECOVERY CERTIFICATION

FEE \$280.00

Make remittance payable to:

MARICOPA COUNTY
AIR QUALITY DEPT.

MARICOPA COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT

COMPLIANCE DIVISION

1001 N. CENTRAL, SUITE 400
PHOENIX, AZ 85004

(602) 506-6010

FOR OFFICE USE ONLY	
EXPIRATION DATE:	
LABEL NUMBER:	
DATE:	BY:
_____	_____

(PRINT OR TYPE)

REGISTERED OWNER'S NAME: _____ TELEPHONE NO. (AREA CODE) _____

STREET ADDRESS: _____

CITY/TOWN STATE, ZIP _____

TANK DESCRIPTION

MANUFACTURER'S SERIAL NUMBER:	OWNER'S UNIT NUMBER:	TANK CAPACITY:

TANK TESTING and TEST CERTIFICATION (EPA TEST METHOD 27)

(IMPORTANT: BEFORE TESTING CONTACT THE MARICOPA COUNTY AIR QUALITY DIVISION)

This portion of the application is to be completed by the tank owner or other person qualified to perform the tests.

DATE/TIME OF TEST:	NAME AND ADDRESS OF COMPANY CONDUCTING TEST:	
Pressure Test @ 18 inches. Pressure change in 5 minutes: (not to exceed 1 inch).	Vacuum Test @ 6 inches. Vacuum change in 5 minutes: (not to exceed 1 inch).	Vapor System Pressure Test @ 18 inches Pressure change in 5 minutes: (not to exceed 5 inches).
RUN 1	RUN 1	RUN 1
RUN 2	RUN 2	

IMPORTANT: REGULATIONS REQUIRE TANKS FAILING TEST BE REPAIRED AND RETESTED WITHIN 15 DAYS.

I HEREBY CERTIFY THAT THE TANK DESCRIBED ABOVE HAS BEEN TESTED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE MARICOPA COUNTY AIR POLLUTION RULES AND REGULATIONS.

SIGNATURE OF PERSON CONDUCTING THE TEST

SIGNATURE OF COUNTY OFFICIAL WITNESSING THE TEST

REMOVE EXISTING LABEL AND
AFFIX ATTACHED LABEL TO THE RIGHT FRONT SIDE OF THE CARGO TANK

REGISTERED OWNERS:
NAME
ADDRESS
CITY, STATE, ZIP