

Note that two copies of this particular page must be submitted  
**APPLICATION FOR AIR POLLUTION VAPOR RECOVERY CERTIFICATION**

**FEE \$280.00\***

Make remittance payable to:

MARICOPA COUNTY  
 AIR QUALITY  
 DEPARTMENT

\* If decal is lost or defaced, a fee of \$80.00 will be charged for a replacement

**MARICOPA COUNTY  
 AIR QUALITY DEPARTMENT**

COMPLIANCE DIVISION

501 N 44th St, Suite 200  
 PHOENIX, AZ 85008

(602) 506-5211

**FOR OFFICE USE ONLY**

EXPIRATION DATE

LABEL NUMBER

DATE:

BY:

**PRINT OR TYPE**

REGISTERED OWNER'S NAME

(AREA CODE) TELEPHONE NO.

STREET ADDRESS

CITY/STATE/ZIP

**TANK DESCRIPTION**

VEHICLE IDENTIFICATION NUMBER (VIN)

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).

Vapor Valve Loss Test @ 18 inches Pressure change in 5 minutes: (not to exceed 5 inches).

Vacuum Test @ 6 inches. Vacuum change in 5 minutes: (not to exceed 1 inch).

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

**AFFIX ATTACHED DECAL TO RIGHT FRONT SIDE OF THE CARGO TANK**

