

**APPLICATION FOR APPROVAL OF DOT CYLINDER REQUALIFICATION FACILITY  
LOCATED OUTSIDE OF THE UNITED STATES**

1. **Name and Title of Responsible Person:** \_\_\_\_\_

\_\_\_\_\_

**Facility Manager:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
(Where testing is performed)      (Street Address)

\_\_\_\_\_

**City                      State                      Zip Code**

**Mailing Address: (if different than above)** \_\_\_\_\_

\_\_\_\_\_

**City                      State                      Zip Code**

2. **Business Telephone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_

3. **Check One:** **Headquarters** \_\_\_\_\_ **Division** \_\_\_\_\_ **Branch** \_\_\_\_\_  
**If Division or Branch, Headquarters Location** \_\_\_\_\_  
**List Other Facilities Operated:** \_\_\_\_\_

\_\_\_\_\_

**If applicable, current Hydrostatic Retest I.D. Number** \_\_\_\_\_

4. **Applicant intends doing business as:**  
**Individual** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Corporation** \_\_\_\_\_  
**State of Incorporation** \_\_\_\_\_ **Date of Incorporation** \_\_\_\_\_

5. **What DOT specification/DOT exemption cylinders will be tested?**

\_\_\_\_\_

6. **Estimated number of cylinders to be tested annually under this registration.** \_\_\_\_\_

7. Will cylinders be tested by water jacket volumetric expansion method?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- a. If no, state other method used:  
 Direct Expansion \_\_\_\_\_ Modified Hydrostatic \_\_\_\_\_  
 Pressure Recession \_\_\_\_\_ Other \_\_\_\_\_
8. Describe briefly your equipment and facilities for drying cylinders after test: \_\_\_\_\_
9. Testing Equipment Inventory:
- (a) Manufacturer \_\_\_\_\_
- (b) Model and serial number \_\_\_\_\_
- (c) Inside diameter and length of test jacket(s) \_\_\_\_\_
- (d) Is a copy of manufacturer's operation manual for the equipment on file at the facility? \_\_\_\_\_
- (e) Is an optional pressure recorder part of the test unit? \_\_\_\_\_
- (f) Does the test jacket have an explosion port; if so, what size is the rupture disc and of what material is it made? \_\_\_\_\_  
 \_\_\_\_\_
- (g) Is the test unit equipped with a pressure snubber to prevent excessive surges and vibration? \_\_\_\_\_
- (h) Pressure Gauge(s):
- (1) Percent accuracy? \_\_\_\_\_
- (2) Method for certifying test gauge calibration:  
 a. Outside agency \_\_\_\_\_ b. Second calibration cylinder \_\_\_\_\_  
 c. Master gauge \_\_\_\_\_ d. Deadweight tester \_\_\_\_\_  
 e. Other \_\_\_\_\_
- Frequency: \_\_\_\_\_
- Performed by: \_\_\_\_\_
- Increments and range? \_\_\_\_\_

**(i) Test Burettes:**

- (1) **Number** \_\_\_\_\_
- (2) **Percent accuracy** \_\_\_\_\_
- (3) **Range** \_\_\_\_\_ **Increments** \_\_\_\_\_  
(List for each burette)
- (4) **Method of leveling** \_\_\_\_\_
- (5) **At eye level when reading?** \_\_\_\_\_

**(j) Calibrated cylinder:**

- (1) **Manufacturer and serial number?** \_\_\_\_\_
- (2) **Is calibration chart available?** \_\_\_\_\_
- (3) **Frequency of use?** \_\_\_\_\_

**I certify that I am familiar with all applicable Federal regulations relating to functions I will perform, and that all statements made by me on this application are to the best of my knowledge true and correct. I understand that any duly authorized employee of the US Department of Transportation may enter, examine and inspect any premises, building, room, establishment, and all records relating to the reinspection and retesting of DOT specification and DOT exemption cylinders to determine compliance with applicable regulations.**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Title)**