



Date Filed: _____

Cargo Tank Facility Registration Aid

REASONS TO FILE					
NEW REGISTRATION (first time registering)			RENEWAL/UPDATE		
BUSINESS DESCRIPTION					
1. LEGAL BUSINESS NAME					
2. DOING BUSINESS AS NAME (if different from Legal Business Name)					
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)					
_____	_____	_____	_____	_____	_____
STREET ADDRESS/ROUTE NUMBER	CITY	STATE/PROVINCE	ZIP CODE+4	COLONIA (Mexico Only)	FOREIGN COUNTRY
4. MAILING ADDRESS (This may be a P.O. Box Number) SAME AS PRINCIPAL ADDRESS					
_____	_____	_____	_____	_____	_____
STREET ADDRESS/ROUTE NUMBER	CITY	STATE/PROVINCE	ZIP CODE+4	COLONIA (Mexico Only)	FOREIGN COUNTRY
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS					
United States	Canada	Mexico	Other Country		
	_____	_____	_____		
	Canadian NSC Number (National Safety Code)	Mexico RFC Number (Federal Taxpayer Registry)			
6. PRINCIPAL BUSINESS TELEPHONE NUMBER					
7. PRINCIPAL FAX TELEPHONE NUMBER (optional)					
8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)					
9. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions)			10. DUN & BRADSTREET NUMBER (if applicable)		



CARGO TANK FACILITY

11. (a) USDOT NUMBER (if applicable):

(b) CT Number (if applicable):

12. CARGO TANK FACILITY NAME:

13. (a) IS THE CARGO TANK FACILITY PHYSICAL ADDRESS DIFFERENT FROM THE PRINCIPAL PLACE OF BUSINESS ADDRESS? Yes No

(b) IF THE ANSWER TO QUESTION 13. (a) IS YES, PLEASE PROVIDE CARGO TANK FACILITY PHYSICAL ADDRESS.

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL
CODE

COLONIA (Mexico)



14.						
Functions	Special Permits: If Applicable Input Below	Vehicles				
<input type="checkbox"/> External Visual Inspection		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406
<input type="checkbox"/> Internal Visual Inspection		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406
<input type="checkbox"/> Leakage Test		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406
<input type="checkbox"/> Lining Inspection		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406
<input type="checkbox"/> Thickness Test		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406
<input type="checkbox"/> Pressure Test		<input type="checkbox"/> MC300	<input type="checkbox"/> MC303	<input type="checkbox"/> MC306	MC311	MC331 DOT407
		<input type="checkbox"/> MC301	<input type="checkbox"/> MC304	<input type="checkbox"/> MC307	MC312	MC338 DOT412
		<input type="checkbox"/> MC302	<input type="checkbox"/> MC305	<input type="checkbox"/> MC310	MC330	DOT406



Functions	Special Permits: If Applicable Input Below	Vehicles		
Manufacturer		MC331 DOT407 MC338 DOT412 DOT406		
<input type="checkbox"/> Assembly		<input type="checkbox"/> MC300 MC303 <input type="checkbox"/> MC306 MC311 MC331 DOT407 <input type="checkbox"/> MC301 MC304 <input type="checkbox"/> MC307 MC312 MC338 DOT412 MC302 MC305 MC310 MC330 DOT406		
<input type="checkbox"/> Repair (ASME)		<input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC306 <input type="checkbox"/> MC311 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> MC310 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406		
<input type="checkbox"/> Repair (non-ASME)		<input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC306 <input type="checkbox"/> MC311 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> MC310 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406		
<input type="checkbox"/> Certification (Design Certified Engineer)		<input type="checkbox"/> MC300 <input type="checkbox"/> MC303 <input type="checkbox"/> MC306 <input type="checkbox"/> MC311 <input type="checkbox"/> MC331 <input type="checkbox"/> DOT407 <input type="checkbox"/> MC301 <input type="checkbox"/> MC304 <input type="checkbox"/> MC307 <input type="checkbox"/> MC312 <input type="checkbox"/> MC338 <input type="checkbox"/> DOT412 <input type="checkbox"/> MC302 <input type="checkbox"/> MC305 <input type="checkbox"/> MC310 <input type="checkbox"/> MC330 <input type="checkbox"/> DOT406		
<input type="checkbox"/> Component Manufacturer				
Mobile Testing Information (Mandatory Selection of one option below)				
Where do you use testing/ inspection equipment?	<input type="radio"/> Fixed Facility	<input type="radio"/> Mobile	<input type="radio"/> Both	
Process Agent				
Name	Address (No P.O. Box)	City	State	Zip / Postal Code
Responsible Person (Facility Location)				
Title:				
Name:				
Phone: Fax:				
Email:				



15. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer employed by the company to conduct certification, inspection, or testing functions?

☐ Yes ☐ No

Name: Additional
Names Attached:

Type: ☐ Design Certified Engineer ☐ Registered Inspector ☐ Authorized Inspector
☐ Certified Individual ☐ Qualified Inspector

16. Does the Applicant utilize a registered inspector, authorized inspector, certified individual, qualified inspector, or design certified engineer not employed by the company to conduct certification, inspection, or testing functions?

☐ Yes ☐ No

Name: Additional
Names Attached: Cargo Tank #:

Type: ☐ Design Certified Engineer ☐ Registered Inspector ☐ Authorized Inspector
☐ Certified Individual ☐ Qualified Inspector

ASME "U" Stamp

Certification #	Authorization Date	Expiration Date

"R" and/or "TR" stamps or "U" and/or "T" Stamps

Certification #	Authorization Date	Expiration Date

I certify that all Registered Inspectors and Design Certifying Engineers used in performance of the prescribed functions meet the minimum qualification requirements set forth in 49 CFR 171.8, that I am the person responsible for ensuring compliance with the applicable requirements of this chapter, and that I have knowledge of the requirements applicable to the functions to be performed.

☐ Yes, I Certify

Certifying Name:

Certifying Signature Required:

Certifying Title:

Certifying Email:

Date:



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