



Date Filed: _____

Cargo Tank Facility Registration Aid

REASONS TO FILE

NEW REGISTRATION (first time registering)

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 not 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)

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. USDOT 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:

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: _____ **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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