Print Form

STATE OF CALIFORNIA Edmund G. Brown JR., *Governor*

Northern Office

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety & Health
Pressure Vessel Unit
1515 Clay Street, Suite 1302
Oakland CA 94612-1402
Tel: (510) 622-3052 Fax: (510) 622-3063
Email: capvinsp@dir.ca.gov

Southern Office

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety & Health
Pressure Vessel Unit
2000 E. McFadden Avenue, Suite 215
Santa Ana, CA 92705
Tel: (714) 567-7208 Fax: (714) 567-7297
Email: capvinsp@dir.ca.gov

Date: _____

Subject: Request for a **"Permit to Operate"**

This request for a "Permit to Operate" your boiler, air tank, and/or LPG tank satisfies the requirements of the California Code of Regulations, Title 8, Chapter 4, Sections 461(a), 470(a), and 780(a). Details can be found on the web at http://www.dir.ca.gov/Title8/sub1.html or http://www.dir.ca.gov/Title8/sub2.html
Complete this form and mail (or fax) a printed copy to the appropriate office listed above or email a scanned copy to capvinsp@dir.ca.gov

Request for:

☐ New Installation ☐ Renewal of "Permit to Operate" _____
(State Serial No. If known)

Type of Tank:

☐ _____ No. Air Tank
☐ _____ No. Boiler
☐ _____ No. Liquefied Petroleum Tank

Physical Location: _____
(Company Name/User of Pressure Vessel)

_____
(Street Address)

_____
(City/Town) (County) (Zip Code)

Mailing Address If Different: _____
(Company Name)

_____
(Street Address)

_____
(City/Town) (County) (Zip Code)

Exact Location of Tank/Boiler or Comments: _____

_____

Company Contact:

_____
(Name and Title) (Phone No.)