

## Supplemental Application Form

# GASOLINE DISPENSING OPERATIONS WITH UNDERGROUND TANKS

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

<b>Permit to be issued to:</b>		<b>Current Permit #:</b>	
<b>Owner/Operator Name:</b>		<b>Phone #:</b>	

### Instructions

1. Complete a separate form for each tank and dispensing system which has a different type of Phase I or Phase II vapor recovery system with as much information as possible.
  2. Attach a copy of the site plan showing underground fuel and vapor lines and location of dispenser islands. You may submit the drawings in electronic format.
- Note:** District Rules **require** Gasoline Dispensing Operations to be installed by ICC certified technicians. Installations **must** conform to CARB's Executive Orders listed on the Authority to Construct issued to your facility. Information on Vapor Recovery Executive Orders is available online at: <https://ww2.arb.ca.gov/our-work/programs/vapor-recovery/vapor-recovery-executive-orders>

Facility Information				<input type="checkbox"/> No changes to existing permit	
<b>Facility Type:</b>	<input type="checkbox"/> Retail	<input type="checkbox"/> Non-Retail	<b>Maximum Gasoline Throughput:</b>		
				<b>Gal/mo</b>	<b>Gal/yr</b>

Gasoline Storage Tanks and Nozzles				<input type="checkbox"/> No changes to existing permit	
No. of Tanks	Total Capacity in Gallons	Split Tank Capacities (if applicable)		Type and Grade of Fuel	
		/	/		
		/	/		
		/	/		
<b>Number of Gasoline Dispensers:</b>				<b>Number of Gasoline Fueling Points:</b>	
<b>Number of Gasoline Nozzles:</b>				<b>Number of Gasoline Grades per Nozzle:</b>	
<b>Number of Vapor Recovery Instruction Signs:</b>			<i>(Should be clearly readable from every fueling point)</i>		

Phase I Vapor Recovery System				<input type="checkbox"/> No changes to existing permit	
<b>Manufacturer:</b>		<b>CARB Executive Order #:</b>		<b>VR-</b>	
<b>Fill Configuration:</b>		<input type="checkbox"/> Single Fill <input type="checkbox"/> Double Fill			

Phase II Vapor Recovery System						<input type="checkbox"/> No changes to existing permit		
<b>CARB Executive Order #:</b>	<b>VR-</b>	<b>System Type</b>	<input type="checkbox"/> Balance <input type="checkbox"/> Assist					
<b>VOC Control Device</b>		<input type="checkbox"/> Clean Air Separator	<input type="checkbox"/> Vapor Polisher	<input type="checkbox"/> Green Machine				
		<input type="checkbox"/> Hirt Burner	<input type="checkbox"/> Membrane Processor	<input type="checkbox"/> Arid Permeator				
<b>ISD System</b>		<input type="checkbox"/> Veeder-Root TLS-350	<input type="checkbox"/> Veeder-Root TLS-450	<input type="checkbox"/> Incon		<input type="checkbox"/> None		
		<b>ORVR Phase II Exempt</b> <input type="checkbox"/> Attach a list of the current vehicle fleet (include EVAP family number, make, model and year)						

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