



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
**DELIVERY VESSEL PRESSURE TEST
CERTIFICATION APPLICATION**

FOR OFFICE USE ONLY

LOG #

CERT. #

EXP. DATE

REMARKS

TRUCK IDENTIFICATION

COMPANY NAME

MAILING ADDRESS

OWNER

TELEPHONE NUMBER WITH AREA CODE

OPERATOR

DELIVERY VESSEL SERIAL NUMBER (OR TRUCK IF INTEGRATED UNIT)

MAKE AND YEAR OF MANUFACTURE

DELIVERY VESSEL CAPACITY

NUMBER OF COMPARTMENTS

TESTING FIRM

NAME OF TESTING FIRM

TELEPHONE NUMBER WITH AREA CODE

MAILING ADDRESS

NAME OF TESTER

DELIVERY VESSEL TEST

CAN DELIVERY VESSEL COMPARTMENTS BE CONNECTED?

☐ Yes ☐ No If no, each compartment must be separately tested and reported.

ALUMINUM VAPOR HOODS

☐ Yes ☐ No

INITIAL TEST PRESSURE (Inches of H₂O) ▶

1

2

3

4

5

6

INITIAL TEST VACUUM (Inches of H₂O) ▶

1

2

3

4

5

6

THIS DELIVERY VESSEL MEETS THE STANDARD OF "NO MORE THAN _____ INCHES OF WATER DROP"

TEST STANDARD ▶ 40 CFR 60.500 (SUBPART XX) ☐ YES ☐ NO

40 CFR 63.425 (SUBPART R) ☐ YES ☐ NO

OTHER _____

TEST RESULTS

PRESSURE LOSS IN 5 MINUTES IN COMPARTMENT ▶

1

2

3

4

5

6

VACUUM LOSS IN 5 MINUTES IN COMPARTMENT ▶

1

2

3

4

5

6

VAPOR RECOVERY VENTS TESTED

☐ Yes ☐ No

VAPOR RAIL PRESSURE INCREASED BY

_____ inches

I, the undersigned, certify the delivery vessel described above has been tested in accordance with the procedures set forth in 40 CFR PART 60, Appendix A, Method 27.

SIGNATURE

DATE OF TEST

A copy of the latest certification must be kept in the delivery vessel at all times. One copy should also be sent to each bulk gasoline terminal at which the delivery vessel loads.

Return the completed test certification application to the Air Pollution Control Program, P.O. Box 176, Jefferson City, MO 65102.