

Department of Industrial Relations
Division of Occupational Safety & Health
PRESSURE VESSEL UNIT
1515 Clay Street, Suite 407A
Oakland, CA 94612
Tel: (510) 622-3052 Fax: (510) 622-3063
Email: CAPVPermits@dir.ca.gov



REQUEST FORM FOR COPIES OF VALID PERMITS TO OPERATE

DATE: _____

To request copies of Permits to Operate for air tanks, boilers and/or liquefied petroleum gas tanks which have been previously issued, please complete this form and email, mail or fax to the office listed above. Permits ineligible for re-issuance will be noted in the box to the left of the state serial number with a code from the legend below, and returned for your records. A \$45.00 non-refundable fee per copy will be invoiced for permits eligible for reprint.

STATE SERIAL NUMBER(S) REQUESTED FOR PERMIT(S) TO OPERATE: *Examples of state serial numbers: Air tanks begin with an A (A012345-17), B for Boiler (B19-012345), and L for Liquefied Petroleum Gas Tank (L001234-56.)* Complete additional forms if needed.

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

PHYSICAL ADDRESS: _____
 (Company Name/User of Pressure Vessel)

 (Street Address)

 (City) (County) (Zip Code)

MAILING/BILLING ADDRESS: _____
 (Company Name)
 (If different)

 (Street Address)

 (City) (State) (Zip Code)

By signing this form you are authorizing the Pressure Vessel Unit to issue an invoice to you for the \$45.00 non-refundable fee per copy. Only completed forms will be processed. Copies of permits will be issued after invoice is paid.

NAME OF REQUESTOR: _____ SIGNATURE: _____

TEL: _____ FAX: _____ EMAIL: _____

CODES FOR PERMITS TO OPERATE INELIGIBLE FOR RE-ISSUE: E = EXPIRED I = INACTIVE R = SAFETY REQUIREMENT(S) U = UNPAID BALANCE			
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