Northern Office

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety & Health
Pressure Vessel Unit
1515 Clay Street, Suite 1622-A
Oakland CA 94612
Tel: (510) 622-3066 Fax: (510) 622-3063
Email: capvinsp@dir.ca.gov

Southern Office

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety & Health
Pressure Vessel Unit
2 MacArthur Place, Suite 700
Santa Ana, CA 92707
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:

☐ _____ Air Tank
(Quantity)

☐ _____ Boiler
(Quantity)

☐ _____ Liquefied Petroleum Tank
(Quantity)

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.)