

**Northern Office**

DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Occupational Safety & Health  
Pressure Vessel Unit  
1515 Clay Street, Suite 407A  
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](mailto:capvinsp@dir.ca.gov)

Request for:

☐

New Installation

☐

Renewal of “Permit to Operate” \_\_\_\_\_

(State Serial No. if known)

Type of Tank:

☐

(Quantity)

Air Tank

☐

(Quantity)

Boiler

☐

(Quantity)

Liquefied Petroleum Tank

Physical Location:

\_\_\_\_\_  
(Company Name/User of Pressure Vessel)\_\_\_\_\_  
(Street Address)Mailing Address  
If Different:\_\_\_\_\_  
(City/Town)\_\_\_\_\_  
(County)\_\_\_\_\_  
(Zip Code)\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Street Address)\_\_\_\_\_  
(City/Town)\_\_\_\_\_  
(County)\_\_\_\_\_  
(Zip Code)Exact Location  
of Tank/Boiler or  
Comments:

Company Contact:

\_\_\_\_\_  
(Name and Title)\_\_\_\_\_  
(Phone No.)\_\_\_\_\_  
(Email Address)