

Northern Office

Southern 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

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.)