

**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>

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:  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.)