

Department of Industrial Relations
Division of Occupational Safety & Health
PRESSURE VESSEL UNIT
1515 Clay Street, Suite 1622-A
Oakland, CA 94612-1591
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.

Form with five rows of checkboxes and lines for state serial numbers.

PHYSICAL ADDRESS:

Form for physical address including fields for Company Name/User of Pressure Vessel, Street Address, City, County, and Zip Code.

MAILING/BILLING ADDRESS:

(If different)

Form for mailing/billing address including fields for Company Name, Street Address, City, State, and 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