



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM  
**DELIVERY VESSEL PRESSURE TEST  
 CERTIFICATION APPLICATION**

<b>FOR OFFICE USE ONLY</b>	
LOG #	
CERT. #	
EXP. DATE	
REMARKS	

**TRUCK IDENTIFICATION**

COMPANY NAME	
MAILING ADDRESS	
OWNER	TELEPHONE NUMBER WITH AREA CODE
OPERATOR	
DELIVERY VESSEL SERIAL NUMBER (OR TRUCK IF INTEGRATED UNIT)	MAKE AND YEAR OF MANUFACTURE
DELIVERY VESSEL CAPACITY	NUMBER OF COMPARTMENTS

**TESTING FIRM**

NAME OF TESTING FIRM	TELEPHONE NUMBER WITH AREA CODE
MAILING ADDRESS	NAME OF TESTER

**DELIVERY VESSEL TEST**

CAN DELIVERY VESSEL COMPARTMENTS BE CONNECTED?				ALUMINUM VAPOR HOODS		
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, each compartment must be separately tested and reported.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
INITIAL TEST PRESSURE (Inches of H <sub>2</sub> O) ▶	1	2	3	4	5	6
INITIAL TEST VACUUM (Inches of H <sub>2</sub> O) ▶	1	2	3	4	5	6

THIS DELIVERY VESSEL MEETS THE STANDARD OF "NO MORE THAN \_\_\_\_\_ INCHES OF WATER DROP"

TEST STANDARD ▶	40 CFR 60.500 (SUBPART XX)	40 CFR 63.425 (SUBPART R)	OTHER
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**TEST RESULTS**

PRESSURE LOSS IN 5 MINUTES IN COMPARTMENT ▶	1	2	3	4	5	6
VACUUM LOSS IN 5 MINUTES IN COMPARTMENT ▶	1	2	3	4	5	6
VAPOR RECOVERY VENTS TESTED	VAPOR RAIL PRESSURE INCREASED BY					
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ inches					

I, the undersigned, certify the delivery vessel described above has been tested in accordance with the procedures set forth in 40 CFR PART 60, Appendix A, Method 27.

SIGNATURE	DATE OF TEST

A copy of the latest certification must be kept in the delivery vessel at all times. One copy should also be sent to each bulk gasoline terminal at which the delivery vessel loads.

Return the completed test certification application to the Air Pollution Control Program, P.O. Box 176, Jefferson City, MO 65102.