

This Form is Now Only to be used For Fueling Stations Located at a
Plant

It is **not** for **stand-alone gas dispensing facilities** (GDFs)

For stand-alone fuel dispensing systems use the [New Technology System
Forms](#)



GDF / Plant No. (if known):	Source No. (if any):	Application No.: (District Use Only)
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Station / Billing Information

Business Name:	Operator Contact:	Site Phone No.
Site Location/Address:		
City:	Zip:	

If Billing and Renewal should be sent to different address, please enter information below

Billing Site:	Billing Contact:	Alternate Address No. (District Use Only)	
Billing Address:			
City:	State:	Zip	Billing Phone No.:

If Application is being submitted by an outside agent, please enter the following information

Contractor/Consulting Company:	Contact:	Contact Phone No.:
Contractor/Consulting Address:		
City:	State:	Zip:
Mail Authority to Construct to: Site Address <input type="checkbox"/> Billing Address <input type="checkbox"/> Consultant Address <input type="checkbox"/>		

Reason For Application (check all that apply)

Modifying existing site / equipment
 New Site
 Violation (list number): _____
 Other (give explanation) _____

User Type (check all that apply)

Vehicle (VEH)
 Aircraft (AIR)
 Marine (MAR)
 Agriculture (AGR)

Business type (check one)

Retail (REF)
 Non-retail (NRFE)

Detailed Project Description: (use additional sheet if necessary)

Is this Facility within 1,000 feet of the outer boundary of a school site? Yes No
(Pursuant to Section 25532 and 44321 of the Health and Safety Code)

Equipment Information **Must Be** Completed In Full. Date of Construction (if NEW, Estimate): _____

Vapor Recovery Equipment	Current Make and Model	Proposed Make and Model
Phase I *		
Phase II **		

Product (please specify)	Make/model of nozzle(s)	Number of single product nozzles	Number of dual product nozzles	Number of Triple product nozzles
Gasoline				
Diesel/Kerosene				

Revised -4/12/16

Dispenser Information

Current: Make and Model	Qty.	Proposed: Make and Model	Qty.

Highest Annual Throughput for Last 3 years List Year and Gallons	Proposed Annual Fuel Sales If Applicable (in gal.)

Tank Information Upon Project Completion

Tank Size (gal)	Product*	Throughput (Gallons / Month)	Submerged Fill Pipe? (yes/no)	Submerged Fill - Make and Model

* = 87, 89, 92, Diesel (Die), Kerosene (Ker), E85

Are These Storage Tanks: Underground Aboveground – Make and Model: _____
 If Storage Tanks are Aboveground, are Dispenser(s): On Tank Separate (Remote) Location

California Air Resource Board (CARB) Certified Equipment List	Number Currently on Site	Number upon Completion	New Equipment - Make and Model
Spill Containment			
Drain Valve Units			
Blending Valves			
Condensate Traps/pots (Thief Ports)			

Signature _____ Date _____

Name (Printed) _____ Phone No. _____

(The above signed accepts full responsibility for fulfillment of Authority to Construct conditions.)

For District Use Only

<i>Date of Last TRS:</i>	<i>Condition No.(s):</i>	<i>Conditioned Throughput:</i>
<i>Previous G#:</i>	<i>Previous A/N:</i>	<i>Final Disposition:</i>