

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
AIR POLLUTION CONTROL PERMIT APPLICATION**

AQM-GDV-01
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APPLICATION FOR - Gasoline Delivery Vessels Permit

DEPARTMENT USE ONLY

A Permit is required for any Gasoline Tank Truck equipped for gasoline vapor recovery. (see Regulation 2, Section 2 (Permits) and Regulation 24, Section 27 (Gasoline Tank Trucks)) This application must be completed and returned to the Department for review and permit approval. Please attach any test results and tank truck identification numbers to this application form.

Permit Number

Received Stamp

Section A – Administrative Information

1. Reason for Application: Permit New Equipment Permit Existing Equipment Transfer of Ownership
 Cancel Existing Permit Suspend Existing Permit Other

2. Name of Company 3. Date of Application 4. Expected Operating Date

5. Physical Location (Street Address) City State Zip Code

6. Mailing Address City State Zip Code

7. Name of Owner 8. Name of Operator 9. Telephone 10. Email Address

Section B – Delivery Vessel Information (one form per vessel)

Delivery Vessel Serial No. (Or Truck, if integrated) Manufacture Make and year

Delivery Vessel Capacity Number of Compartments

Section C – Testing Company Information (per Test Method 27 of Appendix A of 40 CFR Part 60)

Name of Testing Company Telephone Number

Mailing Address Date tested

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments and that the information is true, accurate, and complete. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. a permit) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I can appeal the decision.

Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date

Please submit this application and required application fees (\$50.00 per delivery vessel with checks payable to *State of Delaware – DNREC*) to:

DNREC Division of Air and Waste Management

Air Quality Management
Attention: Laura Bogus
655 S. Bay Rd., Suite 5N
Dover, DE 19901