

**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
*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.*

DEPARTMENT USE ONLY

Permit Number

Received Stamp

Section A – Administrative Information

Reason for Application: New Permit Cancel Permit Other (Specify)

Company Name	DE Business License #
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Phone	Email Address
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Mailing Address	City	State	Zip Code
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Physical Location <input type="checkbox"/> Same as Mailing Address	City	State	Zip Code
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Billing Address <input type="checkbox"/> Same as Mailing Address	City	State	Zip Code
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Billing Contact Name	Billing Phone	Billing Email Address
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Owner Name	Operator Name
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Section B – Delivery Vessel Information (one form per vessel)

Delivery Vessel VIN (Or Serial #, if integrated)	Company Unit #
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Number of Compartments	Delivery Vessel Capacity	Manufacture	Make	Year
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Section C - Testing Information (per Test Method 27 of Appendix A of CFR Part 60)

Name of Testing Company	Date Tested
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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.

 Authorized Agent – Printed

 Authorized Agent – Signature

 Date

Please mail this application, current Method 27 test and permit fee of \$50.00 per delivery vessel with check made payable to *State of Delaware*
Division of Air Quality
 Attention: Dawn Beams
 655 S. Bay Rd., Suite 5N
 Dover, DE 19901