

**STATE OF MAINE**

LTT 02/08/2019 10:58 AM 44004#512077 144.00 v1j

**LONG TERM SEMI-TRAILER REGISTRATION**MAINE RE-REGISTRATION?  YES  NO

MAKE TREM	YEAR 2019	UNIT #	COLOR WH	TLR 31-19235
STYLE SE	Vehicle Identification No. (Serial No.) 2TLSL4324KB000724		TITLE STATE ME	
NAME ROBBIE D. WOOD INC				
MAILING ADDRESS P.O. BOX 125				
DOLomite			AL	ZIP CODE 35061
LEGAL RESIDENCE MMTA SERVICES INC. 44004				
02/08/2019				

S/RV/146

MVPT-10E 07/2015

Start Year: 2019

Expires 02/28/2031

REGISTRATION COPY

**RECORD OF ANNUAL INSPECTION**

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

2018-11

D4256213

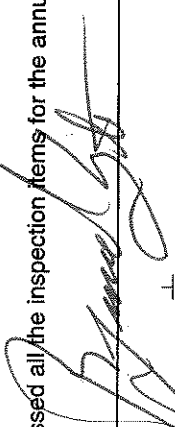
COMPANY NAME		VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER	
STREET ADDRESS		VEHICLE MAKE TRACAR	
CITY		MODEL TRA/REM	
STATE		YEAR 2019	
ZIP		VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 2T1SL4324KB000724	
INSPECTOR'S NAME (Please Print)		EMPLOYEE NO.	

**REPORT OF CONDITION** (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR	EXHAUST	OK	REPAIR	STEERING	OK	REPAIR	FRAME	OK	REPAIR
<b>BRAKES</b>											
Adjustment	✓		Leaks			Adjustment			Members		
Mechan. Compon.	✓		Placement			Column/Gear			Clearance		
Drum/Rotor	✓		<b>LIGHTING</b>			Axle			<b>TIRES</b>		
Hose/Tubing	✓		Headlights	✓		Linkage			Tread		
Lining	✓		Tail/Stop	✓		Power Steering			Inflation		
Antilock System	✓		Clearance/Marker	✓		Other			Damage		
Automatic Adjusters	✓		Identification	✓		<b>FUEL SYSTEM</b>			Speed Restrictions		
Low Air Warning	✓		Reflectors	✓		Tank(s)			Other		
Trailer Air Supply	✓		Other	✓		Lines			<b>WHEELS/RIM</b>		
Compressor	✓		<i>ABS TAPP</i>	✓		<b>SUSPENSION</b>			Fasteners		
Parking Brakes			<b>CAB/BODY</b>			Springs			Disc/Spoke		
Other			Access			Attachments			<i>SPARKS DORS</i>		
<b>COUPLERS</b>			Eqpt./Load Secure			Sliders			<b>WINDSHIELD</b>		
Fifth-Wheel & Mount			Tie-Downs			<i>AIR</i>			<b>WINDSHLD. WIP.</b>		
Pin/Upper Plate			Headerboard			<b>MIRRORS</b>					
Pintle-Hook/Eye	✓		Motorcoach Seats								
Safety Chain(s)			Other								

**REMARKS**

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE  DATE 2018-11

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2402) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

CTA AG 19326

THIS IS NOT A CERTIFICATE OF TITLE

**INSTRUCTIONS:** Typewrite or print legibly on hard surface. Distribute copies as indicated at bottom of form. If vehicle is new, attach a manufacturer's certificate of origin to original copy; for used vehicle, attach last previous certificate of title.  
**CHECKS SHOULD BE MADE PAYABLE TO "SECRETARY OF STATE".**  
**SEE \$33.00**

SPRV-146

<b>OWNER INFORMATION</b>		1. Name(s): Last, First, Middle Initial (conjunctive "or" not permitted) a. <b>ROBBIE D WOOD INC</b>		2. Date(s) of birth (M/D/Y)		3. Telephone		MSRP INSTRUCTIONS	
if more than one owner, common ownership will be assumed unless joint ownership box checked.		b. <input type="checkbox"/> Joint ownership <input type="checkbox"/>		5. MSRP <input type="checkbox"/> New: Recorded on Monroey Label <input type="checkbox"/> Used: Recorded on prior title <input type="checkbox"/> Not required		MSRP equals the total vehicle price minus the destination charge on new vehicles requiring the Monroey label. If the vehicle is used, list the MSRP if recorded on previous Maine title. DO NOT attach Monroey label to application.			
<b>VEHICLE INFORMATION</b>		4. Mailing address-No. & Street (If P.O. Box, # 6. must be completed) <b>1051 OLD WARRIOR RD</b>		11. Vehicle identification number <b>Z1LSL4324KB000724</b>		12. Body type <b>SE</b>			
		City <b>DOLOMIE, AL</b> State <b>35601</b> Zip Code		15. Previous title no. <b>7901595433</b> 16. State of origin <b>OH</b>		17. Other data <b>BMV USE</b>			
		6. Legal residence, if other than mailing address		19. Mileage stated is <input type="checkbox"/> Actual mileage <input type="checkbox"/> In excess of mechanical limits <input type="checkbox"/> Not actual - odometer discrepancy		20. If not actual <input type="checkbox"/> Odometer changed <input type="checkbox"/> Odometer broken <b>MUST FILE MVT-32</b>			
<b>LIEN INFORMATION</b>		7. If a leased vehicle, name and address of lessee		21. First lien holder's name if vehicle financed. If no lien, state "none." <b>WELLS FARGO EQUIPMENT FINANCE</b>		22. Date of lien Mo./Day/Year <b>01/29/19</b>		SENT TO SECRETARY OF STATE	
The lien holder is the institution or person financing the vehicle. Title will be mailed to the first lien holder, otherwise it will be mailed to the vehicle owner.		8. Year <b>19</b> 9. Make <b>IREM</b> 10. Model <b>IL</b>		23. Address-No. & Street <b>600 SOUTH 4th STREET MINNEAPOLIS, MN 55415</b>		24. Second lien holder's name <b>NONE</b>		DATE INITIAL	
<b>SELLER INFORMATION</b>		13. <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Rebuilt		14. Purchase date Mo./Day/Year <b>01/29/19</b>		25. Date of lien Mo./Day/Year		FEE PD. \$	
		18. Current odometer reading <b>NA</b>		26. Address-No. & Street City State Zip Code		27. Name and address of seller		BMV USE: DO NOT WRITE IN THIS SPACE	
<b>SIGNATURE OF SELLER IF A DEALER</b>		29. The undersigned hereby certifies that the vehicle described was sold to the owner(s) named and further certifies that the information shown is true and correct to the best of my knowledge, information and belief.		28. Plate #, if a Maine licensed dealer <input type="checkbox"/> D <input type="checkbox"/> UC <input type="checkbox"/> MC		29. Signature of dealer's representative		MUNICIPAL AGENT VALIDATION	
<b>SIGNATURE(S) OF OWNER(S)</b> Authorized person may sign for a company		30. The undersigned hereby certify that all liens against the vehicle described are listed above and that information contained herein is true and correct to the best of my / our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.		Signature of owner(s) as named in block #1. All owners must sign. Power(s) of attorney must accompany this form. If under age 18 parent or guardian must also sign.		Official title		DATE	
<b>READ PENALTY BEFORE SIGNING</b>		If owner is a company, authorized representative sign here.		Date <b>2/6/19</b>		APPROVED BY:			
<b>PENALTY</b>		A person who uses a false or fictitious name or address, makes a material false statement, fails to disclose a security interest, or conceals any other fact in an application for certificate of title is guilty of a Class D crime.		Official title		Date			

4821-SS1



**CERTIFICATE OF COMPLIANCE**

THIS CERTIFIES THAT THE NEW TREMCAR INC TANK, FITTINGS, VALVES, PIPING AND PROTECTIVE DEVICES DESCRIBED BELOW WAS DESIGNED, CONSTRUCTED, TESTED, AND COMPLETED IN ACCORDANCE WITH THE APPLICABLE CARGO TANK SPECIFICATION

VEHICLE TVI \_\_\_\_\_ TRAILER \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_ TREMCAR INC. \_\_\_\_\_ TORN: N/A  
 ASSEMBLER: \_\_\_\_\_ (IF NOT SAME AS MANUFACTURER) \_\_\_\_\_ MDIN: 19017  
 TANK SERIAL NUMBER: \_\_\_\_\_ VIN: 2TLLS14324KB000724  
 15883  
 RESPONSIBLE OFFICIAL OF TREMCAR INC. \_\_\_\_\_ DESIGN ENGINEER \_\_\_\_\_  
 TANK INSPECTOR \_\_\_\_\_  
 NAME AND ADDRESS (IF NOT SAME AS ABOVE) \_\_\_\_\_

CARGO TANK COMPLIES WITH SPECIFICATION:

TC 407

VENTS INTALLED: RATING \_\_\_\_\_ DATE OF MFR: 2018-11  
 1. BELTS RYCSST-25, 409559 SCFH (90%) \_\_\_\_\_ DATE OF CERT: 2018-11  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

ITEMS NOT INSTALLED AT TIME OF SHIPMENT: 1. \_\_\_\_\_

ORIG. TEST DATE	2018-11				
MAX. PAYLOAD	27443	KG			
MAX LOAD RATE	1893	L/MIN @	172.3	Kpa	
MAX. UNLOAD RATE	1893	L/MIN @	172.3	Kpa	
HEATING SYS. PRESS.	516.8	Kpa		HEATING SYS. TEMP.	121.1 °C
MAWP	172.3	Kpa	310.1	Kpa	
DESIGN TEMP. RANGE	-29	°C		TO	121 °C
WELD MATL.	ER316L			HEAD MATL.	SA240-316/316L
SHELL MATL.	SA240-316/316L			LINING	N/A
MIN. SHELL THICK.	TOP 2.921	MM		BOTTOM	2.921 MM
MFD. SHELL THICK.	TOP 3.277	MM		BOTTOM	3.277 MM
MIN HEAD THICK.	2.921	MM		MFD HEAD THICK.	3.556 MM
MAX. LADING DENSITY	1.92	KG/L		VOL. CAP	26 790 L
EXPOSED SURFACE AREA	67.07	SQ M			

# TANKER TEST AND INSPECTION REPORT

Information as required by CSA B-620-14

INSPECTION TEST DATE: **2018-11** SERIAL NUMBER: **18883**

OWNER: \_\_\_\_\_  
 CARRIER (if other than owner): \_\_\_\_\_  
 PRINCIPAL PLACE OF BUSINESS ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
 MFG. DATE: **2018-11** ORIG. TEST DATE: **2018-11** TC SPECIFICATION NO.: \_\_\_\_\_ FLUID CAPACITY (L): **26790**  
 VESSEL MATERIAL SPEC. NO.: **SA240-316/B16L** MANUFACTURER'S SERIAL NO.: \_\_\_\_\_ ASME CODE SYMBOL: \_\_\_\_\_

**TYPE OF TEST (S)**

EXTERNAL VISUAL (V)  PRESSURE RETEST (P)  A  W  45 PSIG / 10 MIN  
 INTERNAL VISUAL (I)  LEAKAGE TEST (K)  A  W  25 PSIG / 5 MIN  
 THICKNESS TEST (T)  UPPER COUPLER (UC)  MEDIUM  W  AIR  
 W  WATER

**HYDROSTATIC OR PNEUMATIC PROCEDURE**

ON COMPARTMENTED TRAILER ONLY ONE COMPARTMENT CAN BE FILLED WITH LIQUID (FLUID USE FOR TEST IT'S ONLY WATER) OR AIR WHEN PNEUMATIC TEST IS USED (SEE MANUAL FOR PROCEDURE) AND TEST AT A TIME ALL ADJACENT COMPARTMENT MUST BE EMPTY

TEST PRESSURE: **310.10** KPA  
 DESIGNED FOR: **26790**

CHECKLIST OF ITEMS INSPECTED OR TESTED (YES=ACCEPT/NO=REJECT)		YES	NO	INTERNAL BARREL ITEMS	YES	NO
<b>OUTSIDE BARREL ITEMS</b>	<b>P K T</b>	<b>YES</b>	<b>NO</b>	<b>GENERAL ITEMS</b>	<b>YES</b>	<b>NO</b>
Tank Shell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distortions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tank Heads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head - to - Shell Seam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Frangible ( Rupture ) Disk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure of heating system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fluses for Heating System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manhole Covers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Internal supports and attachments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manhole Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Name plate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Devices for Tightening Manhole	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ASME Name plate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tanker Insulate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-closing Stop-valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lining Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excess Flow Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Corrosive transport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Remote Closure Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

**(CHECK ONE)** NO DEFECT OR DAMAGE DISCOVERED DEFECT OR DAMAGE DISCOVERED

EXPLAIN: **NONE - NEW CARGO TANK**

IS REPAIR CERTIFICATION REQUIRED? YES  NO

METHOD OF REPAIRS: \_\_\_\_\_

DESIGN CERTIFYING ENGINEER REGISTRATION NO. NONE - NEW TANK TRUCK

TC REGISTRATION NUMBER OF THE TESTING FACILITY/ PERSON: \_\_\_\_\_

TESTED BY: (PERSON'S) **SCOTT B. FAYMAN**

COMPANY NAME: **TREMCAR INC.**

ADDRESS: **790 MONTRICHARD AVE.**

CITY, STATE, ZIP CODE: **ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4**

REPAIR INFORMATION

TESTED BY: (PERSON'S) \_\_\_\_\_

REPAIRED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

DISPOSITION OF CARGO TANK APPLIED X IN THE APPROPRIATE CASE

CARGO TANK MEET TC SPECIFICATIONS AND IS RETURN TO SERVICE

CARGO TANK FAIL TC SPECIFICATIONS AND IS OUT OF SERVICE

MARKINGS APPLIED

YES  NO

SIGNATURE OF INSPECTOR: *[Signature]*

TC REGISTRATION NUMBER: **25-0264**

DATE: **2018-11**

OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FREM CAR**

790, avenue Montchard  
St-Jean-sur-Richelieu, QC  
Canada J2X 5G4

CT-5931  
ST-JEAN-SUR-RICHELIEU

CT-5930  
ST-CESAIRE

ISSUED TO OWNER  
**BCTE INC.**

THIS CERTIFIES THAT THE NEW FREM CAR TANK DESCRIBED BELOW WAS DESIGNED, CONSTRUCTED, TESTED AND COMPLETED  
IN ACCORDANCE WITH THE APPLICABLE CARGO TANK SPECIFICATION.

VEHICLE TYPE : **SEMI TRAILER**

YEAR FABRICATED : **2018**

CAPACITY : **7077 USG**

DATE SHIPPED : **2018-11**

VIN : **2T1S14324KB00724**

SERIAL NUMBER : **18883**

RESPONSIBLE OFFICIAL OF FREM CAR INC.

DESIGN CERTIFICATION ENGINEER

REGISTERED INSPECTOR

CARGO TANK COMPLIES WITH SPECIFICATION

DOT : **407**

CERTIFICATION DATE : **2018-11**

CARGO TANK COMPLIES WITH SPECIFICATION

DOT :

EXCEPT AS LISTED

CERTIFICATION DATE :

FIRM

AUTHORIZED SIGNATURE(S)

BY :

ABOVE ITEMS INSTALLED :

4.

3.

2.

1.

ITEMS NOT INSTALLED AT TIME OF SHIPMENT :

**CERTIFICATE OF COMPLIANCE**

Job#:	Units:	Job#:	Units:
18883@18892	USG	18883@18892	USG
CALIBRATION CHART / CHARTE DE CALIBRATION		CALIBRATION CHART / CHARTE DE CALIBRATION	
TANK COMPARTMENT / CITERNE COMPARTIMENT: 1		TANK COMPARTMENT / CITERNE COMPARTIMENT: 1	
54	0"	54	0"
55	1/4"	55	1/4"
56	1/2"	56	1/2"
57	3/4"	57	3/4"
58		58	
59		59	
60		60	
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THIS CHART IS NOT INTENDED FOR LEGAL MEASURE  
 CETTE TABLE N'EST PAS CONÇUE POUR MESURE LÉGALE

**TANKER TEST AND INSPECTION REPORT**

For compliance with 49 CFR 180.407(f)(4), 180.417(b) & (c), and 40 CFR 60.505(b)

CARRIER (if other than owner) **2018-11** **18883**

OWNER: \_\_\_\_\_

PRINCIPAL PLACE OF BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER'S TANK SERIAL NO. \_\_\_\_\_ MFG. DATE: **2018-11**

CARGO TANK MOTOR VEHICLE MFG. **TREMCAR** CARGO TANK MOTOR VEHICLE CERT. DATE: **2018-11**

MAX. WEIGHT OF LADING \_\_\_\_\_ LINING MATERIALS: **N/A**

LBS. **60500**

DESIGN PRESSURE (PSIG) **75** DESIGN TEMPERATURE (°F) **250**

SHELL **SA240-316/316L** HEAD **SA240-316/316L**

EXPOSED SURFACE AREA IN SQ. FT. **722** MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) **16.00**

**ITEMS INSPECTED OR TESTED**

EXTERNAL VISUAL (V)  LEAKAGE TEST (K)  PRESSURE RETEST (P)

INTERNAL VISUAL (I)  HYDROSTATIC  PNEUMATIC  HYDROSTATIC

LINING INSPECTION (L)  DELIVERY HOSE/PIPING  PNEUMATIC

THICKNESS TEST (T)  K-EPA27

YES	NO	ITEM	YES	NO	ITEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Shell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flexible (Rupture) Disk
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Major Appurtenances
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head-to-Shell Seam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- upper coupler assembly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- suspension system attachments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaskets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- connecting structures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manhole Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lining Material
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manhole Gaskets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Bearing Portions of Heating System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Devices for Tightening Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Films for Heating System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaskets on Full Opening Rear Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corroded or Abraded Areas
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-closing Stop-valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Excess Flow Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dents
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote Closure Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Welds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nuts and Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

HOSE I.D. NO. **N/A** DATE OF ORIG. HOSE ASSEMBLY TEST \_\_\_\_\_

CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM \_\_\_\_\_

**DELIVERY HOSE/PIPING**

THICKNESS (INCHES) MFG. MIN. TESTED

HEAD **0.140** **0.129** **0.129** **0.129**

SHELL TOP **0.129**

SHELL SIDE **0.129**

SHELL BOTTOM **0.129**

**ITEMS INSPECTED OR TESTED**

**PRESSURE RELIEF DEVICES**

Device Number 1 2 3 4 5

Tested \_\_\_\_\_

Removed \_\_\_\_\_

Inspected \_\_\_\_\_

Replaced \_\_\_\_\_

Reinstalled \_\_\_\_\_

Repaired \_\_\_\_\_

Pressure - set to discharge **25 PSIG**

Pressure - when open **30 PSIG**

Pressure - when reseated **27 PSIG**

**DELIVERY HOSE/PIPING**

HOSE I.D. NO. **N/A** DATE OF ORIG. HOSE ASSEMBLY TEST \_\_\_\_\_

CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM \_\_\_\_\_

**ITEMS INSPECTED OR TESTED**

**DELIVERY HOSE/PIPING**

THICKNESS (INCHES) MFG. MIN. TESTED

HEAD **0.140** **0.129** **0.129** **0.129**

SHELL TOP **0.129**

SHELL SIDE **0.129**

SHELL BOTTOM **0.129**

(CHECK ONE)  NO DEFECT OR DAMAGE DISCOVERED  DEFECTS OR DAMAGE DISCOVERED

LOCATION OF DEFECTS OR DAMAGE:  weld  heat-affected zone  liquid phase  vapor phase  head-to-shell seam  delivery hose/piping  appurtenances

Explain: **NONE - NEW CARGO TANK**

NATURE AND SEVERITY: \_\_\_\_\_

METHOD OF REPAIRS: \_\_\_\_\_

IS REPAIR CERTIFICATION REQUIRED?  YES  NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. \_\_\_\_\_

THIS UNIT HAS HAULED  ANHYDROUS AMMONIA  ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING

CERTIFIED AS 0.2% WATER BY WEIGHT

LIQUEFIED PETROLEUM GAS

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON **CT-5931** TEST DATE **2018-11**

STRESS RELIEVED AFTER REPAIR  YES  Full  Local  NO

REPAIRED BY \_\_\_\_\_

TESTED BY (Person's Name) **GOYETTE RAYMOND**

ADDRESS **790 MONTRICHARD AVE.**

CITY, STATE, ZIP **ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4**

CARGO TANK:  MEETS  FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK:  WITHDRAWN FROM SERVICE  RETURNED TO SERVICE MARKINGS APPLIED:  YES  NO

SIGNATURE OF INSPECTOR/TESTER **[Signature]** DOT REGISTRATION NUMBER **CT-5931** DATE **2018-11** SIGNATURE OF OWNER \_\_\_\_\_