

**APPLICATION-
 CERTIFIED LEAK TIGHTNESS TESTER FOR GASOLINE CARGO TANKS
 DIVISION OF AIR QUALITY
 2728 Capital Boulevard, Mail Service Center 1641
 Raleigh, NC 27699-1641**



Please TYPE or PRINT

Please check one: New Change of Owner

Part A. Owner, Name and Address if corporate owned.

Part B. Testing Facility

All test information must be entered on this application

Cargo Tank No. (C.T. #):

Expiration Date:

Company Name

Telephone ()

Mailing Address

e-mail/fax:

Other:

City

State

Zip

Average number of trucks you have certified per year

How many trucks do you think you will certify in the coming year?

Is there any day of the week that is better for your facility to conduct a certification?

Could you accommodate a Saturday, certification?

How many testers does your facility have?

Have you been certified by Mecklenburg County in the Past?