

**Chattanooga-Hamilton County Air Pollution Control Bureau**  
Certificate for Gasoline Dispensing Facility with Stage 1 Vapor Recovery

*Please print or type***Owner of Gasoline Dispensing Facility**

Name of Business			
Billing Address			
City	State	Zip Code	Telephone Number

**Name and Title of Applicant (Applicant must be an authorized agent or owner of facility)**

Name	Title
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**Location of Gasoline Dispensing Facility**

Name of Facility			
Street Address			
City	State	Zip Code	Telephone Number

**Certificate Number:**

Installation     Certificate of Operation     Renewal Certificate of Operation

**Facility Information**

Gasoline Tank Information				Normal Operating Schedule	
Tank ID or #	Octane (Regular, Mid-grade, Premium)	Tank Size (in Gallons)	Dual or Coaxial (D or C)	Hours per Day:	
				Days per Week:	
				Annual Gallons of Throughput:	
				Previous Years Gallons of Throughput	
				Estimate for New Facility	

**Certification:**

This is to certify that I am familiar with operations concerning this equipment and the information provided on this application is true and complete to the best of my knowledge:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return to:  
Chattanooga-Hamilton County Air Pollution Control Bureau  
6125 Preservation Drive, Suite 140  
Chattanooga, TN 37416-3740  
(423) 643-5970