



# Rule 461 Testing Notification

10-day notification **REQUIRED** prior to testing

Submit form to [VaporRecoveryTesting@mdaqmd.ca.gov](mailto:VaporRecoveryTesting@mdaqmd.ca.gov)

PLEASE TYPE OR PRINT

Test date: \_\_\_\_\_ Test time: \_\_\_\_\_

## Section 1: MDAQMD information

Company No.:	Facility No.:	Permit No.:
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## Section 2: Facility information

Name:		
Address:	City:	ZIP:
Site contact person:	Phone:	

## Section 3: Testing company information

Name:			
Address:	City:	State:	ZIP:
Testing contact person:	Phone:		
Reported by:	Phone:		
<b>ICC (VR/VR)</b>	<b>VEEDER ROOT ISD</b>	<b>INCON LEVEL V</b>	
Cert. No.: _____	Cert. No.: _____	Cert. No.: _____	
Expiration date: _____	Expiration date: _____	Expiration date: _____	

## Section 4: Test information

<b>SYSTEM</b>	Aboveground Storage Tank Standing Loss EVR	Underground Storage Tank Phase I EVR
	Aboveground Storage Tank Phase I EVR	Underground Storage Tank Phase II EVR
	Aboveground Storage Tank Phase II EVR	Assist
	*Aboveground Storage Tank Phase I & Phase II Pre-EVR	Balance
<b>PROCESSOR (if applicable)</b>	VST Membrane	VST Green Machine
	Veeder-Root Vapor Polisher	FFS Clean Air Separator
	HIRT	
<b>IN-STATION DIAGNOSTICS (if applicable)</b>	Veeder Root	INCON
<b>TEST</b>	Initial	Annual
	Retest	**Cancellation
	Reschedule	

## Section 5: Additional information

<b>Comments/notes:</b>
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\*Liquid removal applicable and required when hose loop is greater than 10 inches.

\*\*Failure to notify District of cancellation at least 24 hours prior to the originally scheduled time is a violation of **Rule 461 (f)(3)(b)**.