SUPPLEMENTAL APPLICATION
GASOLINE STORAGE TANK: PHASE I & II VAPOR RECOVERY

Submit the following information with your application for an authority to construct:

1. Facility Name: ________________________________________________

2. Type of Construction:  □ New  □ Modification

3. Tanks:  □ New  □ Existing (date installed [m/yr]) ______________________

   Number/Capacity: (3.1) ___________________ (3.2) ___________________
   (3.3) ___________________ (3.4) ___________________

4. Phase I Vapor Recovery System:  □ 2-Point  □ Coaxial

   4.1 CARB Executive Order #______________ Exhibit #__________

5. Phase II Vapor Recovery Piping System:  □ Individual  □ Manifolded

   5.1 CARB Executive Order #______________ Exhibit #__________ Figure______

6. Phase II Components:  Vendor Name ______________________________________

   6.1 CARB Executive Order #______________ Exhibit #__________

   6.2 Nozzles: Make/Model ___________________ Number __________

   6.3 Hoses: Make/Model ___________________

   6.4 Dispensers: Make/Model ___________________ Number __________

6.5 Indicate as required by Exhibit:

   6.5.1 Hose Swivel: Make/Model ___________________ Degree __________

   6.5.2 Check Valve: Make/Model ___________________ Location __________

   6.5.3 High Hose Retractor: Make/Model ___________________

   6.5.4 P/V Valves: Make/Model ___________________ Number __________

   6.5.5 Other (Specify) ________________________

7. Estimated Construction Start Date: ________________________________

Note:  A dimensioned site specific plot plan, with key dimensions noted, must be submitted.