



Multiple Compartment Tank?	Yes	If Yes, compartment type?	Double Bulkhead
	No		Single Bulkhead

Compartment Capacities (Imperial Gallon) Front to Back

Compartment #1	Compartment #2	Compartment #3	Compartment #4	Compartment #5
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**Loading/Unloading Information**

Loading Facility

Loading Method	Bottom Loading	Equipped for Vapour Recovery?	Yes
	Top Loading (Nozzle)		NO

Is dispensing metered?	Yes	If Yes, dispensing units?	Imperial Gallons
	No		US Gallons

Date of last Calibration	Calibration Technician
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**Vehicle #2**

Usage

Mobile Fueling	Private/Non-Sale	Gas Station/Marina Supply
Other		

Year	Make	Model
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Licence Plate #	VIN #
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**Tank Information**

Product(s) Transported	Gasoline	Diesel	Total Tank Capacity (Imp Gal)
	Av-Jet	Propane	
	Other		

Multiple Compartment Tank?	Yes	If Yes, compartment type?	Double Bulkhead
	No		Single Bulkhead

Compartment Capacities (Imperial Gallon) Front to Back

Compartment #1	Compartment #2	Compartment #3	Compartment #4	Compartment #5
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**Loading/Unloading Information**

Loading Facility

Loading Method	Bottom Loading	Equipped for Vapour Recovery?	Yes
	Top Loading (Nozzle)		NO

Is dispensing metered?	Yes	If Yes, dispensing units?	Imperial Gallons
	No		US Gallons

Date of last Calibration	Calibration Technician
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**Vehicle #3**

Usage

Mobile Fueling	Private/Non-Sale	Gas Station/Marina Supply
Other		

Year	Make	Model
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Licence Plate #	VIN #
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**Tank Information**

Product(s) Transported	Gasoline	Diesel	Total Tank Capacity (Imp Gal)
	Av-Jet	Propane	
	Other		

Multiple Compartment Tank?	Yes	If Yes, Compartment Type?	Double Bulkhead
	No		Single Bulkhead

Compartment Capacities (Imperial Gallon) Front to Back

Compartment #1	Compartment #2	Compartment #3	Compartment #4	Compartment #5
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**Loading/Unloading Information**

Loading Facility

Loading Method	Bottom Loading	Equipped for Vapour Recovery?	Yes
	Top Loading (Nozzle)		NO
Is dispensing metered?	Yes	If Yes, dispensing units?	Imperial Gallons
	No		US Gallons

Date of last Calibration Calibration Technician

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**Required Documents**

T&B License (If Applicable)	Copy of Valid Registration
Copy of Valid Insurance	Permit Fee - KYDS150 per Vehicle
Vehicle Operator(s) Training Records	

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**I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.**

Signature:

Date

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**Please e-mail/mail/deliver this form, accompanied by the relevant fees & required documentation to:**

**Fuels | OfReg**  
**Allista Towers 3rd Floor, 85 North Sound Rd, George Town, Grand Cayman, Cayman Islands**  
**P.O. Box 2502 KY1-1104**  
**Tel: (345) 946.4282**  
**Email: fuels@ofreg.ky**

**Payments are to be made via cheque, made out to 'OfReg' and delivered/mailed to the office.**

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**Internal Use Only**

Reference Number

Date Received:

Date Processed

Date Permit Sent

Application Approved?

Yes No

Permit Number