



Vehicle Operating Permit Application Dangerous Substances Law (2017 Revision) Section 4

Type of Application New Renewal

Form OPV17-01
Revision: January 2021

Applicant Information

Applicant Name or Principal Officer of Business Entity

Business name (where applicable)

Physical or Street Address Vehicle is Registered

PO Box & Postal Code

District & Island

Applicant or Business E-mail address (if applicable)

Block & Parcel

Primary Contact Number

Is the Vehicle or leased?

After Hours Contact Number

Owned

Leased

Vehicle Information (If >3 vehicles, please provide on additional forms.)

Vehicle #1

Usage

Mobile Fueling

Private/Non-Sale

Gas Station/Marina Supply

Other

Year

Make

Model

Licence Plate #

VIN #

Cargo 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
----------------	----------------	----------------	----------------	----------------

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
--------------------------	------------------------



Vehicle #2

Usage

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

Year	Make	Model
------	------	-------

Licence Plate #	VIN #
-----------------	-------

Cargo 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
----------------	----------------	----------------	----------------	----------------

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
--------------------------	------------------------



Vehicle #3

Usage

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

Year	Make	Model
------	------	-------

Licence Plate #	VIN #
-----------------	-------

Cargo 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
----------------	----------------	----------------	----------------	----------------

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

Required Documents

T&B License (If Applicable)	Copy of Valid Registration
Copy of Valid Insurance	Permit Fee - KYDS\$150 per Vehicle
Vehicle Operator(s) Training Records	Additional requirements for Cargo Tank & Compressed Air-Banks Vehicles: Copy of Cargo Tank Vehicle and/or Compressed Air Vehicle Certification Copy of DOT Inspection or Pressure Test Records for compartments (including Plate names)

I certify that the above information is true to the best of my knowledge and belief and I understand that a false or inaccurate submission will result in enforcement action being taken under the Dangerous Substances Law or any other relevant laws of the Cayman Islands.

Signature of Applicant (Authorized or Principal Officer):

Date:

Please mail or 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 10189 KY1-1002

Tel: (345) 946.4282

Email: fuels@ofreg.ky

Payments can be made by cash, credit card, cheque or electronic fund transfer via account information provided separately by the Office. All cheques are to be made payable to 'OfReg' and delivered/mailed to the Office with application form.

Internal Use Only

Reference Number

Date Received:

Date Processed

Date Permit Sent

Application Approved?

Yes

No

Permit Number