



DES
DEPARTMENT OF ENVIRONMENT
AND SUSTAINABILITY



4701 W. Russell Road 2nd Floor
Las Vegas, NV 89118-2231
Phone: (702) 455-5942 Fax: (702) 383-9994
Marci Henson, Director

For DAQ Use Only

Gasoline Dispensing Operation - Test Notification Form

This notification must be submitted to Air Quality 30 calendar days prior to the requested test date.

Section 1 - Source Information

Source ID:	Source Name:

Source Physical Location

Street:	Suite:

City:	State:	NV	Zip:
-------	--------	----	------

Reason for Testing: New or Reconstructed Facility Periodic Testing Re-test Other (Explain Below):

Requested Test Date:

Requested Test Time:

Phase II Design (Check All That Apply): Assist Balance Healy Other:

Section 2 - Testing Company Information

Company Name:	Name of Tester:		
Tester's Email Address:	Office Phone:	Cell Phone:	Fax Number:

Section 3 - Testing Information

Check all Applicable Tests	Test	Test Procedure
<input type="checkbox"/>	Static Pressure Decay	
<input type="checkbox"/>	PV Vent Valve (NESHAP)	
<input type="checkbox"/>	Air to Liquid Ratio	
<input type="checkbox"/>	Dynamic Back-Pressure	
<input type="checkbox"/>	Flow Rate	
<input type="checkbox"/>	Healy Systems: Vapor Return Line	
<input type="checkbox"/>	Other	

Certification

I certify that, based on information and beliefs formed after reasonable inquiry, the statements in this document are true, accurate and complete.

Responsible Official (RO):	RO Title:	RO Email Address:

Signature	Certification Date