



Ralph T. Hudgens
Commissioner of
Insurance

Office of Commissioner of Insurance

Safety Fire Division
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FLAMMABLE LIQUID INSTALLATION CERTIFICATION

Station / Facility Name _____	
Address _____	
City _____	County _____ State _____ Zip _____
Tank Information	Design and Construction of Tanks
Number of Tanks: _____	Tanks: Steel: _____
Size of Tanks: _____	Fiberglass: _____
Manufacturer of Tanks: _____	Piping: Steel: _____
Date of Manufacture: _____	Fiberglass: _____
Approved Standard (Provide Specific Standard Number)	Cathodic Protection
UL # _____ ASTM # _____ Other # _____	Tanks: ___ Yes ___ No Size of Anodes _____
API # _____ ANSI # _____	Piping: ___ Yes ___ No Size of Anodes _____
Installation of Tanks	Tank and System Leak Test
Name of Installer: _____	Name: _____
Date Installed: _____	Date of Test: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Electrical Work Certified	
Signature of Licensed Electrician: _____	
Electrician's License Number: _____	
<p>This certifies that the above system including tanks and all related piping and equipment was installed in accordance with the requirements of NFPA 30, NFPA 30A, NFPA 70, and the Manufacturers' Instructions. This further certifies that the required leak test was conducted and the system including tanks and all related piping and equipment was free from leaks and or leak tight.</p> <p>For installation of aboveground tank systems this also certifies that spill control which would contain a spill of 110% of the largest compartment on the transport truck which will be used to fill this/these aboveground tank(s) has been provided at this facility. The spill control is designed to contain a spill of _____ gallons. The largest compartment on the largest truck which will be used to fill this/these tank(s) is _____ gallons.</p> <p><u>(THIS FORM OR SIMILAR CERTIFICATION SHALL BE PROVIDED TO THE FIRE SAFETY COMPLIANCE OFFICER AT TIME OF FINAL INSPECTION)</u></p>	
Signature: _____	Title: _____
Company Name: _____	Date: _____

If you are an individual with a disability and wish to acquire this publication in an alternative format, please contact the ADA Coordinator, Safety Fire Division, Office of Commissioner of Insurance, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334. (404) 656-2056