

# Arizona Department of Weights and Measures

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## Vapor Recovery Certification of Completion

This notice is required under A.R.S. 41-2132, and A.A.C. R20-2-905 (A), "Within 10 days after beginning the dispensing of gasoline at a site that requires an authorization to construct plan approval, a person shall provide the Department with a written certification of completion by the contractor and schedule an inspection that includes test and acceptance criteria specified in the authority to construct plan approval."

I certify that the Vapor Recovery system installed at:

BMF No. \_\_\_\_\_

Location Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip code \_\_\_\_\_

ATC No. \_\_\_\_\_

Construction Date \_\_\_\_\_

Date of Pre Burial Inspection \_\_\_\_\_

Date Work Was Completed \_\_\_\_\_

System Specification:

Stage I & II: \_\_\_\_\_

Remote Fill: Yes / No

CARB Order: \_\_\_\_\_

Vapor Pot: Yes / No

Spill Bucket: \_\_\_\_\_

Tank Monitor: Yes / No

Vent Pipe: \_\_\_\_\_

No. of Dispensers: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Drop tube: \_\_\_\_\_

No. of Nozzles: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ PV Valve: \_\_\_\_\_

Hose Configuration: \_\_\_\_\_

I certify that the Vapor Recovery system construction and or installation is complete, and  
The facility started pumping gasoline on \_\_\_\_\_.

The Initial Test for the facility has been scheduled for \_\_\_\_\_.

RSR Name \_\_\_\_\_ RSR No. \_\_\_\_\_

RSA Name \_\_\_\_\_ RSA No. \_\_\_\_\_