

Permit #: _____

Date: _____

FCA

ATTENDED SELF-SERVICE STATION

INSTALLATION LOCATION

Name (Firm/Corporation/Person) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ County _____

Municipality Name _____ Type: Borough City Township

TYPES OF SPECIAL DISPENSING DEVICES

Check each type of dispensing device on the premises and provide requested information for each.

<input type="checkbox"/> Remote-Preset	Console Maker: _____	Model Number: _____
<input type="checkbox"/> Card-Operated	Console Maker: _____	Model Number: _____
<input type="checkbox"/> Cash-Operated	Console Maker: _____	Model Number: _____
<input type="checkbox"/> Key-Operated	Console Maker: _____	Model Number: _____
<input type="checkbox"/> Other (specify below): _____	Console Maker: _____	Model Number: _____

INSTALLATION SPECIFICATIONS

Does console bear an Underwriters Laboratories, Inc. approval?..... Yes No

Will there be an attendant on duty wherever the station is open to the general public?..... Yes No

Will this attendant be qualified to perform the requirements found in §13.115(b) of the regulation?..... Yes No

Will the emergency control be installed at an **accessible location** not more than 15 feet from the principal control location of the attendant?..... Yes No

Will the farthest **gasoline** dispenser be located **125 feet** or less from the emergency control? (A variance may not be requested on this requirement.)..... Yes No

Will the farthest **diesel** dispenser be located **100 feet** or less from the emergency control? (A variance may be requested on this requirement.)..... Yes No

Will operation instructions be conspicuously posted on the dispenser or the dispenser island?..... Yes No

Will emergency procedures and instructions be posted in the immediate vicinity of the attendant's principal control location?..... Yes No

Will dispensing operations be in clear view of the attendant at all times?..... Yes No

Will attendant remain within an "arm's length" of the remote controls, whenever flammable or combustible liquids are being dispensed?..... Yes No

Will a two-way ("hands-off") voice communications system be installed?..... Yes No

Will hose nozzle valves of gasoline dispensing devices be of an approved automatic-closing type?..... Yes No

Will parking spaces between the attendant's principal control location and the dispensing devices be designated "For Cars Only (No Vans, Trucks or SUVs)"?..... Yes No

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INSTALLATION SPECIFICATIONS (continued)

Will each dispensing island have signs, conspicuously posted with letters at least 1" in height, indicating the following?

“WARNING - IT IS UNLAWFUL TO DISPENSE FLAMMABLE OR COMBUSTIBLE LIQUIDS INTO A PORTABLE CONTAINER UNLESS THE CONTAINER IS CONSTRUCTED OF METAL OR APPROVED BY THE FIRE MARSHAL.”..... Yes No

Persons (other than attendants) using a “hold-open” gasoline-dispensing nozzle must remain at the refueling point during the refueling operation..... Yes No

No smoking is allowed..... Yes No

Vehicle motors must be turned off while refueling..... Yes No

APPLICANT ACKNOWLEDGEMENT OF COMPLIANCE RESPONSIBILITIES

By signing this form, I acknowledge that I understand that approval of this installation is contingent upon compliance with all requirements (including any related to financial responsibility) found in Pennsylvania statute or regulation and that use of this installation requires a site inspection and final approval issued by the Department of Labor & Industry.

_____	_____	_____
Signature of Applicant	Name of Applicant	Date Signed
Company _____		
Street Address _____		
City _____	State _____	Zip Code _____
Phone Number _____	E-mail _____	