

Form Number: NEE-FRM-004

Revision: 1

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Registration No 25- _____

Highway Tank Serial No. _____

Specification TC _____

VIN No. _____

TCRN _____

Tank Manufacturer _____

MDIN _____

Manufacturer Address _____

Tank Assembler _____ Assembler Address _____

We certify that the tank, fittings, valves, piping and protective devices comply with the applicable specifications of CSA B620 to the extent of the work performed.

Full Spec _____ **Short Spec** _____ **TCRN** _____ **MDIN** _____

Date of Manufacture: Month: _____ Year: _____ **Certification Date:** Month: _____ Year: _____

Original Test Date: Month: _____ Year: _____

MAWP: _____ kPa **Test P:** _____ kPa **Design Temperature Range:** _____ to _____ degrees C

Tank Material: Shell: _____ Heads: _____

Manufacturer Thickness: Shell: _____ Heads: _____

Minimum Thickness: Shell: _____ Heads: _____

Top: _____ Sides: _____ Bottom: _____

Weld Material: _____

Heating System Pressure: _____ kPa **Heating System Temperature:** _____ °C

Compartment Number	1	2	3	4	5	6	Total
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Volumetric Cap. (Liters)	_____	_____	_____	_____	_____	_____	_____
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Exposed Surface	_____	_____	_____	_____	_____	_____	_____
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Pressure Relief Device Set Pressure: _____ Rating: _____ Scfh at _____

Quantity: Per compt _____

Max. Lading: Density _____ Kg/L Max. Payload: _____

Max. Load Rate: _____ L/min at _____ kPa Max. Unload Rate: _____ L/min at _____ kPa

Lining Material: _____

This Certification Includes:	Tank - Chassis	<input type="checkbox"/>	Damage Protection	<input type="checkbox"/>
	Assembly	<input type="checkbox"/>	Valve Operating Devices	<input type="checkbox"/>
	Piping & Valves	<input type="checkbox"/>	Relief Devices	<input type="checkbox"/>
	Bumper	<input type="checkbox"/>		



Certificate of Compliance for New or Assembled Tanks

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This Certification Excludes:

Tank - Chassis

Damage Protection

Assembly

Valve Operating Devices

Piping & Valves

Relief Devices

Bumper

Tank Tester (Print): _____ Signature: _____

Date: _____

Certified By (Print): _____ Signature: _____

Date: _____