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ENVIRONMENTAL PROTECTION DIVISION

GASOLINE TRANSPORT VEHICLE REPAIR REPORT DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL PROTECTION DIVISION MOBILE & AREA SOURCES PROGRAM								
Name of Firm, Institution, or Establishment			Telephone Number		GTV#	4244 INTERNATIONAL PARKWAY SUITE 120		
Mailing Street Address or P.O. Box		City	State	ZIP Code		ATLANTA, GEORGIA 30354 PHONE: 404-363-7000 FAX: 404-362-2534 E-mail: gasoline_transport@dnr.ga.gov		
Straight Truck Vehicle Identification Number (VIN) or Trailer Frame ID Number	Model Year	Make of Truck	Tank Capacity	y (Gallons)		f Person(s) cting Test	Date of Test	Test Results P- Passing R- Repaired*
This form may be used for reporting any repairs completed on a gasoline transport vehicle that previously failed a Method 27 vapor tightness pressure/vacuum. This form should be submitted to EPD within 30 days of test completion. This report is submitted in accordance with the					Name of O	Owner or Authorized Official Title		
provisions of the Air Quality Control Rules and Regulations and to the best of my knowledge is true and correct. IT IS NOT NECESSARY TO SUBMIT ACTUAL TEST REPORTS WITH								
THIS FORM. *If repairs are made, please submit a separate list of repairs.					Signature			Date