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| Company ID #: |
| Company name as it will appear on the Certificate: |
| Division, department, etc., if it is to appear on the Certificate: |

Indicate which items are to be covered by the Certificate:

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| Certificate | <input type="checkbox"/> RTP Shop Fabrication <input type="checkbox"/> RTP Field Assembly and Repair* (Requires RTP Shop Fabrication) <input type="checkbox"/> RTP Field Fabrication (Requires RTP Shop Fabrication) | <input type="checkbox"/> Dual Laminate Shop Fabrication <input type="checkbox"/> Dual Laminate Field Assembly and Repair* (Requires Dual Laminate Shop Fabrication) <input type="checkbox"/> Dual Laminate Field Fabrication (Requires Dual Laminate Shop Fabrication) |
| *Field Repair is allowed on new construction only, prior to equipment being placed in service. | | |
| Fabrication | <input type="checkbox"/> Hand Lay-up (Mandatory) <input type="checkbox"/> Spray-up (Optional) <input type="checkbox"/> Filament Wound (Optional) | Dual Laminate Lining Class: (See M12G-530) <input type="checkbox"/> Fabric and Chemically Bonded <input type="checkbox"/> Fabric Bonded <input type="checkbox"/> Chemically Bonded |
| Symbol Mark | When authorized, we prefer (check one or both): | <input type="checkbox"/> Metal Stamp <input type="checkbox"/> Rubber Stamp |