



DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
Pipeline Safety Division
 3780 Kilroy Airport Way, Suite 500
 Long Beach, California 90806
 (562) 497-0350
 Website: www.fire.ca.gov

INITIAL APPLICATION

Approval as an Independent Hydrostatic Testing Firm

INSTRUCTIONS:

1. Complete all sections of this form. Please note that this form must be notarized.
2. Upon notification of approval, a copy of the front page of your application must be accompanied by the required fee of \$1,500.00 made payable to “**CAL FIRE - Office of the State Fire Marshal**”. Payment may be made by check or money order drawn on a United States bank. Checks/money orders drawn on foreign banks are **not accepted**. The State Fire Marshal cannot accept credit cards or purchase orders as payment. Payment is **NOT** required until notification of approval.
3. All application data must be submitted to the two locations listed below:
 1. **Digital copy – Email to:** PipelineNotification@fire.ca.gov
 2. **Original Paper copy mail to:**

Department of Forestry and Fire Protection
Office of the State Fire Marshal
Pipeline Safety Division
P.O. Box 944246
Sacramento, CA 94244-2460
4. Answers to questions regarding this application may be obtained by emailing the above address.
5. **Note that submitting incomplete applications and/or inadequate supporting documents will cause a delay in the processing of this application.**

1.	Name of Company:	
2.	Mailing Address:	
3.	Physical Location Address: (do not use P.O. Box)	
4.	Email Address:	
5.	Business Telephone:	
6.	This application, made by the firm listed above, is doing business as:	<input type="checkbox"/> Sole Owner/Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership

7.	Responsible Parties: Identify all owners, partners, and/or officers of the company. If additional space is necessary, please attach a separate sheet.	
	SOLE OWNER	
	Print Name	
	Signature	
	Date	
	CORPORATION OFFICERS	
	Print Name	
	Signature	
	Date	
	Print Name	
	Signature	
	Date	
	ALL MEMBERS OF THE PARTNERSHIP	
	Print Name	
	Signature	
	Date	
	Print Name	
	Signature	
	Date	
	Print Name	
Signature		
Date		
8.	Work History: Attach three Certified Hydrostatic Test Pressure Reports. All Hydrostatic Test Reports must comply with Part 195.310, Title 49, Code of Federal Regulations. 1) Charts must be legible and show clearly the start and stop time of the Hydrotest. 2) These reports should be completed by the workers listed in your application.	
	Character References: Submit three letters attesting to the character, financial responsibility and integrity of administrative, managerial and supervisory personnel. Letters must include the name and address of each reference AND must include the name of the applicant. These letters must be received by the California State Fire Marshal within 60 days of application submittal.	
9.		

10.	<p>Hydrostatic Testers: Attach a completed Hydrostatic Testers form (Form HYD-2). Provide the names of the persons who will be conducting hydrostatic testing in the name of your company. List all pertinent contractor licenses, professional degrees and other similar data. <i>Please submit one form per person.</i></p>
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11.	<p>Certification/Notarization: I certify under penalty of perjury that the foregoing information is true.</p>										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Print Name</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Place</td> <td></td> </tr> </table>	Print Name		Title		Signature		Date		Place	
Print Name											
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<p>NOTARY</p>



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FORM HYD - 2

Employees Authorized to Conduct Hydrostatic Testing

Name of Firm: _____ Date: _____

Employee Name: _____ (One name per form)

This employee is authorized to perform the following in the name of the firm listed above:

- Witness hydrostatic testing operations
- Certify hydrostatic testing result

Authorized by: _____ (Signature of company officer)

License/Professional Degree	Date Issued
Pipeline, Petrochemical or Related Qualifying Experience	

Return completed form with application to:

1.) Email: PipelineNotification@fire.ca.gov

2.) Department of Forestry and Fire Protection
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 Pipeline Safety Division
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 Sacramento, CA 94244-2460