For Official Use Only: Stage I ID: _____

Rhode Island Department of Environmental Management

Office of Air Resources

Stage I CARB-Certified EVR Certification

Only fill out and submit if you currently have a CARB-Certified Stage I system installed.

Please mail to Office of Air Resources, 235 Promenade St, Providence RI 02908

1. _____
   Station Name and Address

2. _____ _____
   Tank Type: UST or AST? AST Manufacturer (if applicable)

3. **Enter in item 4**. the Stage I system type or CARB order number. Answer "Yes" for only one:
   a. Is a Stage I system installed with only EVR components from different CARB Certified EVR System Executive Orders? Yes ☐ No ☐
      If yes, enter "**Component EVR System**" in 4. below.

   b. Is a Stage I CARB Certified EVR System installed and are all EVR components listed and approved in a single Stage I EVR CARB Executive Order?
      Yes ☐ No ☐

      If yes, enter the **CARB Executive Order Number** for the applicable EVR system in 4. below

4. Stage I System Type **OR** CARB Executive Order #: _____

5. Stage I Type: Coaxial or Dual Point? _____

6. Indicate **date** each required Stage I compliance test, as applicable, was performed and passed:

Pressure Decay Test	(TP-201.3)	_____
Vapor Tie Test	(TP-201.3)	_____
P/V Vent Valve Test	(TP-201.1E)	_____
Static Torque Rotatable Adaptor Test	(TP-201.1B)	_____
Leak Rate of Drop Tube/Drain Valve Test	(TP-201.1C)	_____
Leak Rate of Drop Tube/Overfill Prevention Device Test	(TP201.D)	_____

7. State I System Responsible Official Compliance Certification Statement

   I, the undersigned hereby certify that I have personally reviewed and am knowledgeable of the information presented in this document, and I believe that the information is true, accurate, and complete.

   _____ _____
   Printed Name of Stage I Responsible Official Signature of Stage I Responsible Official

   _____
   Date