

AFTERMARKET EQUIPMENT CERTIFICATION
(revised December 4, 2023)

ORIGINAL EQUIPMENT

Name of Contractor: _____

Description and Model: _____

Serial Number: _____

Operating Limitations: _____

AFTERMARKET EQUIPMENT

Description and Model: _____

Serial Number: _____

(Owner shall assign Serial Number if none is available - stamped on metal)

Tank Capacity: _____ Gallons: _____

(Temporary fillers and spacers are not permitted.)

Baffles: _____

- One longitudinal baffle regardless of width and one transverse baffle at a minimum of every 52"
- All baffles must cover 75% of the plane of the tank
- Baffling. The water tanks shall be equipped with partitions that reduce the shifting of the water load. Free Floating Baffle System - baffles which reduce the shifting of the water load AND do not compromise the structural integrity of the originally manufactured tank are acceptable. If a Free Floating Baffle System is used the vendor must submit data sheets which validates that the baffling is sufficient to meet the manufacturer's recommendation.

CERTIFICATION OF AFTERMARKET EQUIPMENT MOUNTED ON ORIGINAL EQUIPMENT
(Does Not Exceed Operational Limitations)

I certify that the addition of the prescribed aftermarket equipment will not exceed the original equipment operating limitations. Affix engineer's stamp or seal below.

Engineer Signature: _____ Date: _____

Engineer Printed Name: _____

License Number: _____ **State:** _____ **Expiration:** _____

If the individual signing this certification is not an Engineer you are required to complete the continuation sheet on the next page with the additional information requested.

AFTERMARKET EQUIPMENT CERTIFICATION - Continuation Sheet
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Documentation of Qualification to Certify Aftermarket Equipment Form will be kept on file with Aftermarket Certification.

Name of person providing certification: _____

Address: _____

Phone Number: _____ E-mail: _____

Engineering or other applicable education (include degree and institution): _____

Past experience in engineering, including design, analysis, manufacturing, testing, etc... if applicable.
Attach additional information if needed: _____

Professional certifications or licenses: _____

Additional information documenting expertise: _____

References: Name and phone number: _____

Signature: _____ Date: _____