



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 P.O. Box 7837, Madison, WI 53707-7837
 (608) 224-4942

FOR OFFICE USE ONLY

POINT-OF-SALE FUELING INSTALLATION NOTIFICATION

Per the requirements of Wis. Stat. § 15.04(1)(m), the following information is provided: This form is authorized by Wis. Stat. §§ 93.07(2) and 168.23. This form must be completed if installing or converting to point-of-sale fueling. See Wis. Admin. Code ATCP §§ 93.100(1)(a)1. and 7.; 93.100(3)(a)1., 2., and 5.b; and 93.110. Failure to comply with a rule in Wis. Admin. Code. ATCP ch. 93 is subject to civil forfeitures under Wis. Stat. § 168.26. Information provided in this form may be subject to release under Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.39. To the extent permitted by law, DATCP will keep personally identifiable information provided in this form confidential.

Dispenser conversion only - The Checklist for Point-Of-Sale (POS) Fueling Installation is to be completed by the contractor performing the conversion or initial installation at least 10 days prior to the conversion and submitted, along with the fee, to the authorized agent or department for approval. Upon approval, complete and submit the reviewed form to the inspector prior to the installation inspection. See ATCP § 93.100(3)(a)5.b. Submit form to: DATCPplanreview@wisconsin.gov.

New/upgraded systems - The Checklist for Point-Of-Sale (POS) Fueling Installation shall be completed and submitted along with the tank/pipe plan review application for newly installed or upgraded storage tank systems providing POS dispensing. See ATCP § 93.100((3)(a)1. and 2. Submit form to: DATCPplanreview@wisconsin.gov.

This checklist covers installation of: Key Control System Card Control System Code Control System

Automated Fueling is: ATTENDED UNATTENDED UNMANNED → PUBLIC FUELING FLEET FUELING

Equipment ID:

A. IDENTIFICATION: (Please Print)					
OWNER NAME		EMAIL		TELEPHONE () -	
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN		STATE	ZIP
FACILITY NAME		FACILITY ID #		COUNTY	
FACILITY STREET ADDRESS (not PO Box)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN		STATE	ZIP

B. PLAN APPROVAL	Installer Verified	Inspector Verified	N/A
1. Plans have been submitted and approved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DATCP / LPO plan number:			

C. EMERGENCY CONTROL INSTALLATION	Installer Verified	Inspector Verified	N/A
1. Dispensing devices are listed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listed, automatic-closing-type nozzles with latch-open devices installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency controls are installed more than 20 ft. but less than 100 ft. from each group of dispensers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency controls are functional and of the manual reset type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Instructions posted for emergency conditions (Use emergency stop button and report emergency).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Operating instructions are conspicuously posted in the dispensing area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Marina applications will have attendant on duty at all times when POS dispensing is offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unattended: <input type="checkbox"/> Dispenser/submersible shut down or <input type="checkbox"/> Alarm to facility staffed 24/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All new or replacement dispensing devices for Class I liquids have been provided with a double-poppet, heat-actuated emergency shut-off valve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. INSTALLER CERTIFICATION					
OWNER NAME		STREET ADDRESS		<input type="checkbox"/> CITY	
				STATE	ZIP
TELEPHONE () -		INSTALLER NAME (print)		EMAIL	

I certify that the automated fueling system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and comply with ATCP 93.

INSTALLER SIGNATURE: _____ DATE SIGNED: _____

E. INSPECTOR INFORMATION					
INSPECTION DATES: _____					
INSPECTION COMPANY NAME:			COMPANY NUMBER:		
INSPECTOR SIGNATURE:		INSPECTOR #:		LOCAL OPERATOR #:	
DATE SIGNED:		FIRE DEPARTMENT PROVIDING COVERAGE:		FDID #:	

F. In the space provided, complete a drawing of the POS dispensing system. In the drawing, include all dispensers, islands, buildings, location of emergency controls, and location of telephone or communication device. All drawings must include and identify at least one roadway.



G. COMMENTS:

Empty space for providing comments.

Fee for conversion of existing dispenser(s) <i>(If independent of tank/pipe installation submittal)</i>	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
Conversion of existing system to a point of sale type of dispensing system	\$35	\$100	\$100	\$100

This document can be made available in alternate formats to individuals with disabilities upon request.