

**API SPECIFICATION 6AV1
APPLICATION FOR
PR2 SANDY SERVICE
SSV/USV VALVE VERIFICATION TESTING**

Test Agency _____ Manufacturer _____
Address _____ Representative _____
_____ Address _____
_____ Telephone _____
_____ Date _____

Purchase Order No. _____

Application for: Official Qualification Test _____ Retest _____

SSV/USV to be Tested

SSV/USV Valve Data:

Manufacturer _____ Model or Cat. No. _____ Serial No. _____
Size _____ Rated Working Pressure _____
Special Considerations _____

SSV/USV Actuator Data:

Manufacturer _____ Model or Cat. No. _____ Serial No. _____
Type: Pneumatic _____ Hydraulic _____ Other _____
Cylinder Diameter _____ Rated Working Pressure _____
Special Considerations _____

SPACE BELOW FOR TEST AGENCY USE ONLY

Test Schedule _____
Month/Day/Year

Test Location _____

Applicant Notified _____
Month/Day/Year

By _____