



# FMCSA

Federal Motor Carrier  
Safety Administration

## View Cargo Tank

|                       |                       |                   |            |
|-----------------------|-----------------------|-------------------|------------|
| CT Number:            | 18                    | USDOT Number:     | 1301165    |
| Status:               | ACTIVE                | Application Date: | 07/21/2009 |
| Facility Name (DBA):* | CUSCO FABRICATORS INC |                   |            |

| Physical Address       |                 |                  |             |
|------------------------|-----------------|------------------|-------------|
| Street:                | 305 ENFORD RD   |                  |             |
| City:                  | RICHMOND HILL   |                  |             |
| State/Country:         | ONTARIO, CANADA | ZIP/Postal Code: | L4C 3E9     |
| Colonia (Mexico Only): |                 | Fax:             | 9058831778  |
| Phone:                 | 9058831214      | Alternate Phone: | 18004903541 |

| Mailing Address (Address of Certifying Official) |                 |                  |         |
|--|-----------------|------------------|---------|
| Street:  | 305 ENFORD RD   |                  |         |
| City:  | RICHMOND HILL   |                  |         |
| State/Country:                                   | ONTARIO, CANADA | ZIP/Postal Code: | L4C 3E9 |
| Colonia (Mexico Only):                           |                 |                  |         |

| Functions  | Exemptions | Vehicles       |
|--|------------|----------------|
| <input checked="" type="checkbox"/> EXTERNAL VISUAL INSPECTION |            | DOT407, DOT412 |
| <input type="checkbox"/> INTERNAL VISUAL INSPECTION            |            |                |
| <input type="checkbox"/> LEAKAGE TEST                          |            |                |
| <input checked="" type="checkbox"/> PRESSURE TEST              |            | DOT407, DOT412 |
| <input checked="" type="checkbox"/> THICKNESS TEST             |            | DOT407, DOT412 |
| <input type="checkbox"/> LINING INSPECTION                     |            |                |

| Mobile Testing Information                     |                |
|--|----------------|
| Where do you use testing/inspection equipment? | FIXED FACILITY |

| Functions                                       | Exemptions | Vehicles       |
|---|------------|----------------|
| <input checked="" type="checkbox"/> MANUFACTURE |            | DOT407, DOT412 |
| <input checked="" type="checkbox"/> ASSEMBLY    |            | DOT407, DOT412 |
|   |            |                |

|   |                |
|---|----------------|
| <input checked="" type="checkbox"/> REPAIR (NON-ASME)                         | DOT407, DOT412 |
| <input checked="" type="checkbox"/> REPAIR (ASME)                             | DOT407, DOT412 |
| <input checked="" type="checkbox"/> CERTIFICATION (DESIGN CERTIFIED ENGINEER) | DOT407, DOT412 |
| <input type="checkbox"/> COMPONENT MANUFACTURE                                |                |

| Processing Agent |                                  |                  |       |
|------------------|----------------------------------|------------------|-------|
| Name:            | JOHN SCOTT WASTEQUIP INC         |                  |       |
| Street:          | 25800 SCIENCE PARK DRIVE STE 140 |                  |       |
| City:            | CLEVELAND                        |                  |       |
| State/Country:   | OHIO                             | ZIP/Postal Code: | 44122 |

| Responsible Person (Facility Location) |            |            |            |
|--|------------|------------|------------|
| Title:                                 | MR.        | Position:  | PRESIDENT  |
| First Name:                            | STEVE      | Last Name: | GODWIN     |
| Phone:                                 | 9058831214 | Fax:       | 9058831778 |
| Email:                                 |            |            |            |

| Design Certified Engineers/Registered Inspectors |                   |       |     |
|--|-------------------|-------|-----|
| Name:  | SARATHI CHILUKURI | Type: | DCE |

| Non-Employee Design Certified Engineers/Registered Inspectors   |       |              |
|---|-------|--------------|
| CT Number*  | Type* | Company Name |
| MCMIS could not locate any Non-Employee Design Certified Engineers/Registered Inspectors for this company |       |              |

| Stamp      |                |                    |                 |
|------------|----------------|--------------------|-----------------|
| Stamp Type | Certification# | Authorization Date | Expiration Date |
| U          | 17479          | 03/10/2009         | 04/05/2012      |
| R          | 2970           | 03/13/2009         | 04/05/2012      |

| Certifying Official |                            |
|---------------------|----------------------------|
| Certifying Name:    | SARATHI CHILUKURI          |
| Certifying Title:   | QUALITY CONTROL MANAGER    |
| Email:              | SARATHI@WASTEQUIPCUSCO.COM |