



FM APPROVED PRODUCT/SPECIFICATION-TESTED REVISION REQUEST FORM Manufacturer's Tracking Number:

SENDER: Forward one original copy with updated drawings or other appropriate changes to the attention of FM Approvals. Original forms will be returned showing course of action taken.

**FORWARD TO: RECEIVED 9-26-11**  
**FM Approvals**  
 1151 Boston-Providence Turnpike  
 P.O. Box 9102 Norwood, MA 02062 USA  
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 E-mail: approvals@fmglobal.com  
 FM Approvals Representative: Jeffrey Gould

Please provide the following information below: Attention of, Company Name, Address, State & Zip Code.

Customer ID: 125439

Company Website

Marek Marzoch  
 Mostostalex Tomasz Lubanski  
 ul. Narutowicza 79  
 pl. 43-502 Czechowice Dziedzice  
 Poland

|                           |                              |
|---------------------------|------------------------------|
| DATE SUBMITTED (MM/DD/YY) | Sept 9, 2011                 |
| SUBMITTED BY              | Marek Marzoch                |
| SUBMITTER EMAIL ADDRESS   | marek.marzock@mostostalex.pl |
| SUBMITTER PHONE           | 48-664-148-169               |
| SUBMITTER TITLE           | 48-22-839-8098               |

|                                                                                                    |                                      |                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| TYPE OF CHANGE (CHECK ALL THAT APPLY):                                                             |                                      | FORMER NAME/ADDRESS/CONTACT                                                                                        |  |
| <input type="checkbox"/>                                                                           | COMPANY NAME CHANGE (New name above) |                                                                                                                    |  |
| ADDRESS CHANGE                                                                                     |                                      |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | BILLING (New address above)          |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | PRODUCT LISTING (New address above)  |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | MANUFACTURING (New address above)    |                                                                                                                    |  |
| IF MANUFACTURING LOCATION CHANGE, WHICH FM APPROVED PRODUCTS ARE MANUFACTURED AT THE NEW FACILITY? |                                      |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | CONTACT CHANGE (New contact above)   |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | PRODUCT/MODEL/TYPE CHANGE            | PRODUCT DESCRIPTION/MODEL NO:                                                                                      |  |
| TYPES OF APPROVAL/CERTIFICATION AFFECTED BY THIS PRODUCT CHANGE (CHECK ALL THAT APPLY):            |                                      | US <input type="checkbox"/> CA <input type="checkbox"/> ATEX <input type="checkbox"/> CPD <input type="checkbox"/> |  |
| INDICATE FM APPROVALS ORIGINAL PROJECT ID:                                                         | 3034821                              |                                                                                                                    |  |
| <input type="checkbox"/>                                                                           | OTHER CHANGE (Describe)              |                                                                                                                    |  |

REASON FOR CHANGE(S)/COMMENTS:  
 When the Approval Std was revised in May 2011, Approval could now be granted to tanks with interior insulation. We would like the Approval to provide our tanks with a 40 mm thickness of internal insulation. The insulation board is 40 mm thick extruded polystyrene (xps) which complies with PN-EN 13164, Appendix ZA. Details on the insulation, how it's attached and capacity chart are attached.

REVISION DETAILS      AFFECTED DRAWING NUMBER      REVISION      NEW DRAWING NUMBER      REVISION      US/CA/ATEX/CPD (INDICATE ALL THAT APPLY)

| FOR FM APPROVALS USE ONLY                                                                                                                                                                                                                           |                                                                                  |                                                                                                                       |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|
| ENGINEERING COMMENTS:<br>The above is acceptable per the attached <del>and</del> details. To be used for FM EQ Zone > 500 yds only. Max 40 mm thickness. Capacities of tanks with internal insulation shown on the attached. Listing to be updated. | Master Agreement Implementation Date: 12-4-2008                                  |                                                                                                                       |              |
|                                                                                                                                                                                                                                                     | Attachments: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                       |              |
|                                                                                                                                                                                                                                                     | REVISION REPORT J. I.                                                            | ACCESS IDENTIFICATION                                                                                                 | CLASS NUMBER |
|                                                                                                                                                                                                                                                     |                                                                                  | 797-06803-267                                                                                                         | 4020         |
|                                                                                                                                                                                                                                                     | REVISION ACCEPTED                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Third Signature Required |              |
|                                                                                                                                                                                                                                                     | EXAMINED BY (PRINT AND SIGN NAME)                                                | DATE                                                                                                                  |              |
| Jeffrey E Gould <i>JEGould</i>                                                                                                                                                                                                                      | 08/09/2011                                                                       |                                                                                                                       |              |
| REVIEWED BY (PRINT AND SIGN NAME)                                                                                                                                                                                                                   | DATE                                                                             |                                                                                                                       |              |
| L. D'Angelo <i>L D Angelo</i>                                                                                                                                                                                                                       | 10/11/11                                                                         |                                                                                                                       |              |
| APPROVED BY (PRINT AND SIGN NAME)                                                                                                                                                                                                                   | DATE                                                                             |                                                                                                                       |              |
| R.P. Ferron <i>RP Ferron</i>                                                                                                                                                                                                                        | 19 Oct 2011                                                                      |                                                                                                                       |              |