

File #	_____
Loc #	_____
Date	_____

LPG APPLICATION FOR REGISTRATION

Type or print legibly in black ink all the information requested below

Application Type	<input type="checkbox"/> Initial Registration <input type="checkbox"/> Change Registration Type <input type="checkbox"/> Renewal of Registration if renewal or change, list current registration number _____																		
Owner/Location Information	Owner Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ Email _____ Location Name _____ Physical Address _____ City _____ State PA Zip Code _____ County _____ Municipality Name _____ Type: <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Township																		
Insurance Documentation	A valid certificate of insurance or a policy declaration page naming the owner as the insured is acceptable. The department (with address information listed below) must be listed as the certificate holder. <input type="checkbox"/> \$250,000 minimum Liability Coverage - 9,000 or Less Gallons <input type="checkbox"/> \$1 Million/Incident \$2 Million Aggregate Minimum Liability Coverage - 9,000 or more Gallons Insurance Carrier: _____ Policy Number: _____ Effective Date: _____ Expiration Date: _____																		
Training Program	<input type="checkbox"/> The LPG facility has employees who transfer LPG and utilizes the following training program to train authorized attendants: <input type="checkbox"/> Operator Provider Training Program <input type="checkbox"/> Program Approval Number _____ <input type="checkbox"/> Propane Education and Research Council Training Program <input type="checkbox"/> The LPG facility has no employees who transfer LPG																		
Equipment Information	<table style="width: 100%;"> <tr> <td style="width: 50%;">Bulk Plant</td> <td style="width: 50%;">Distributor</td> </tr> <tr> <td>\$ 90 <input type="checkbox"/> 2,000 or less gallons</td> <td>\$ 112.50 <input type="checkbox"/> Less than 1,000 customers</td> </tr> <tr> <td>\$ 90 <input type="checkbox"/> 2,001 to 30,000 gallons</td> <td>\$ 235 <input type="checkbox"/> 1,000 to 2,999 customers</td> </tr> <tr> <td>\$135 <input type="checkbox"/> 30,001 to 90,000 gallons</td> <td>\$ 337.50 <input type="checkbox"/> 3,000 to 5,999 customers</td> </tr> <tr> <td>\$180 <input type="checkbox"/> 90,001 or more gallons</td> <td>\$ 450 <input type="checkbox"/> 6,000 or more customers</td> </tr> <tr> <td>Industrial User</td> <td></td> </tr> <tr> <td>\$ 45 <input type="checkbox"/> 2,001 to 30,000 gallons</td> <td>\$ 50 <input type="checkbox"/> Cylinder Exchange Cabinet (per physical address)</td> </tr> <tr> <td>\$ 90 <input type="checkbox"/> 30,001 to 180,000 gallons</td> <td></td> </tr> <tr> <td>\$180 <input type="checkbox"/> 180,001 to more gallons</td> <td>Total gallons per location: _____</td> </tr> </table>	Bulk Plant	Distributor	\$ 90 <input type="checkbox"/> 2,000 or less gallons	\$ 112.50 <input type="checkbox"/> Less than 1,000 customers	\$ 90 <input type="checkbox"/> 2,001 to 30,000 gallons	\$ 235 <input type="checkbox"/> 1,000 to 2,999 customers	\$135 <input type="checkbox"/> 30,001 to 90,000 gallons	\$ 337.50 <input type="checkbox"/> 3,000 to 5,999 customers	\$180 <input type="checkbox"/> 90,001 or more gallons	\$ 450 <input type="checkbox"/> 6,000 or more customers	Industrial User		\$ 45 <input type="checkbox"/> 2,001 to 30,000 gallons	\$ 50 <input type="checkbox"/> Cylinder Exchange Cabinet (per physical address)	\$ 90 <input type="checkbox"/> 30,001 to 180,000 gallons		\$180 <input type="checkbox"/> 180,001 to more gallons	Total gallons per location: _____
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SPG Systems	Is this a single supply source connected to 10 or more homes PUC notification? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Signature	All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Owner/Operator Date </div>																		
Filing Requirements	Submit proof of insurance and payment by check or money order payable to Commonwealth of Pennsylvania along with this application to: <div style="text-align: center; margin-top: 10px;"> PA Department of Labor & Industry BOIS – Boiler Division 651 Boas Street, Room 1606 Harrisburg, PA 17121-0750 </div>																		
FOR L&I USE ONLY	Check #: _____ Amount: \$ _____ Bates #: _____																		

Auxiliary aids and services are available upon request to individuals with disabilities.