

FILE #	_____
LOC #	_____
DATE	_____

LPG APPLICATION FOR REGISTRATION AND PLAN APPROVAL

PLEASE TYPE OR PRINT NEATLY IN INK

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

ACT 24 EXEMPTION

Application Type	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Owner Information	Owner Name _____ Mailing Address _____ City _____ County _____ State ____ Zip Code _____ Telephone _____ Fax _____ Email _____
Location Information	Location Name _____ Physical Address _____ Municipality Name _____ Type: <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Township City _____ County _____ State ____ Zip Code _____ Telephone _____ Fax _____ Email _____
Installer Information	Owner Name _____ Mailing Address _____ City _____ County _____ State ____ Zip Code _____ Telephone _____ Fax _____ Email _____
Application Type	<input type="checkbox"/> Bulk Plant Total gallons per location: Cylinder Exchange Cabinet (Separate application required for each physical location.) Total number of cabinets: Total number of cylinders: <input type="checkbox"/> Distributor <input type="checkbox"/> Less than 1,000 customers <input type="checkbox"/> 1,000 to 2,999 customers <input type="checkbox"/> 3,000 to 5,999 customers <input type="checkbox"/> 6,000 or more customers <input type="checkbox"/> Dispensing Station Total gallons per location: <input type="checkbox"/> Industrial User Total gallons per location: <input type="checkbox"/> Other: _____
SLPG Systems	Is this a single supply source connected to 10 or more homes requiring PUC notification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Variance	Is a Variance needed for this installation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, submit one copy of form LIBI-122 "Liquefied Petroleum Gas Industrial Board Petition" and the required fee.
FOR L&I USE ONLY	Check #: _____ Amount: \$ _____ Bates #: _____

Insurance Documentation	<p>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.</p> <p><input type="checkbox"/> \$250,000 Minimum Liability Coverage – 9,000 or Less Gallons</p> <p><input type="checkbox"/> \$1 Million/Incident \$2 Million Aggregate Minimum Liability Coverage – 9,000 or More Gallons</p> <p>Insurance Carrier: _____</p> <p>Policy Number: _____ Effective Date: _____ Expiration Date: _____</p>																																															
Training Program	<p><input type="checkbox"/> The LPG facility has employees who transfer LPG and utilizes the following training program to train authorized attendants:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Operator Provider Training Program</p> <p style="padding-left: 20px;"><input type="checkbox"/> Program Approval Number _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Propane Education and Research Council Training Program</p> <p><input type="checkbox"/> The LPG facility has no employees who transfer LPG</p>																																															
Tank Information Attach separate sheet if additional space is needed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Above Ground</th> <th style="width: 10%;">Under Ground</th> <th style="width: 20%;">PA Special # PA Standard # Or National Board # (If Applicable)</th> <th style="width: 10%;">Tank Capacity (Gallons)</th> <th style="width: 30%;">GPS Coordinates *(see note) (Underground only)</th> </tr> </thead> <tbody> <tr> <td>Tank 1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tank 2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tank 3</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tank 4</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tank 5</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tank 6</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>*NOTE: GPS coordinates required for all underground tanks exceeding 2,000 gallons water capacity.</i></p>							Above Ground	Under Ground	PA Special # PA Standard # Or National Board # (If Applicable)	Tank Capacity (Gallons)	GPS Coordinates *(see note) (Underground only)	Tank 1	<input type="checkbox"/>	<input type="checkbox"/>				Tank 2	<input type="checkbox"/>	<input type="checkbox"/>				Tank 3	<input type="checkbox"/>	<input type="checkbox"/>				Tank 4	<input type="checkbox"/>	<input type="checkbox"/>				Tank 5	<input type="checkbox"/>	<input type="checkbox"/>				Tank 6	<input type="checkbox"/>	<input type="checkbox"/>			
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Mandatory Documents	<p>Check each block below indicating the following is submitted with this application:</p> <p><input type="checkbox"/> Proof of Valid Insurance (Not required if currently registered and registration type is not changing.)</p> <p><input type="checkbox"/> Three (3) Sets of Plans</p> <p><input type="checkbox"/> Fire Safety Analysis for installations in excess of 4,000 gallons</p> <p><input type="checkbox"/> U1-A Form (Manufacturer’s Data Report) for all ASME tanks OR PA Special/PA Standard Number (for tanks not National Board registered)</p> <p><input type="checkbox"/> In lieu of submitting plans, the notice of Intent to Install Information is provided below, because this application is either for a bulk plant with a capacity of less than 9,000 gallons or for an industrial use with a total storage capacity of less than 9,000 gallons.</p>																																															
Filing Requirements	<p>FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email BOILERS@pa.gov, by telephone at 717-787-3806 option 3 or by fax at 717-705-7262. Submit additional documentation and payment by check or money order payable to Commonwealth of Pennsylvania along with this application to:</p> <p style="text-align: center;">PA Department of Labor and Industry BOIS – Boiler Division 651 Boas Street, Room 1606 Harrisburg, PA 17121</p>																																															

Intent to Install Information Certification	<p>The following information/certification is being submitted instead of plans for:</p> <p><input type="checkbox"/> Bulk plant with capacity of less than 9,000 gallons</p> <p><input type="checkbox"/> Industrial user with total storage capacity of less than 9,000 gallons</p> <p>By signing below, I certify that the LPG Facility installation described on this form and any accompanying forms will comply with all requirements of the Propane and Liquefied Petroleum Gas Act and Regulations, NFPA-54, The National Fuel Gas Code 2009 Edition, and NFPA-58, the Liquefied Petroleum Gas Code 2008 Edition.</p> <p>_____</p> <p style="text-align: center;">Signature of Installer Date</p>
Signature	<p>All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities.</p> <p>_____</p> <p style="text-align: center;">Signature of Owner/Operator Date</p>
Permission to Install	<p>Permission is hereby granted to proceed with the installation described on this application. The installation may only be used after it has been inspected and found to be in compliance with the Propane and Liquefied Petroleum Gas Act and its Regulations.</p> <p>_____</p> <p style="text-align: center;">Signature of Plan Reviewer Date</p>
Inspector Assignment	<p>Contact the inspector named below to arrange a final inspection of this installation:</p> <p>_____ ()</p> <p style="text-align: center;">Name of Inspector Phone Number</p>
Inspector Findings	<p>I certify that I have inspected the installation described on this application. The installation:</p> <p><input type="checkbox"/> Complies with the requirements of the LPG Act and its Regulations.</p> <p><input type="checkbox"/> Does not comply with requirements of the LPG Act and its Regulations.</p> <p>_____</p> <p style="text-align: center;">Signature of Inspector PA Inspector Number Date</p>