



File #	_____
Loc #	_____
Date	_____

LPG APPLICATION FOR REGISTRATION RENEWAL

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

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

Application Type	<input type="checkbox"/> Renewal of Registration <input type="checkbox"/> Change Registration Type If Renewal or change, list current registration number: _____	
Owner Information	Owner Name _____ Mailing Address _____ City _____ County _____ State _____ ZIP code _____ Phone _____ 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 PA ZIP code _____ Phone _____ Fax _____ Email _____	
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	Bulk Plant <input type="checkbox"/> 2,000 or less gallons <input type="checkbox"/> 2,001 to 30,000 gallons <input type="checkbox"/> 30,001 to 90,000 gallons <input type="checkbox"/> 90,001 or more gallons Industrial User <input type="checkbox"/> 2,001 or 30,000 gallons <input type="checkbox"/> 30,001 to 180,000 gallons <input type="checkbox"/> 180,001 to more gallons	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"/> Cylinder Exchange Cabinet (per physical address) Total gallons per location: _____
<i>For L&I Use Only</i>	Check #: _____ Amount: \$ _____ Bates #: _____	

Signature	<p>All information provide don this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities.</p> <hr/> <p style="text-align: center;">Signature of Owner/Operator Date</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>