

Registration Form (R1) for LP-Gas Systems

N.J.A.C. 5:18 – 1.4

Check all applicable (System Type & Task)

____ LP-Gas System - vapor installation - 2,001 to and including 9,999-gallon aggregate water capacity. Note: For LP-Gas vapor systems of 2,000-gallon aggregate water capacity and less, submit form "Notice of LP-Gas Installation" according to N.J.A.C. 5:18 – 6.4

____ LP-Gas System - liquid transfer - up to and including 9,999-gallon aggregate water capacity.

____ Change in Operator of existing LP-Gas System. Change in Ownership of existing LP-Gas System. Information or Supplier Update Only.

System Owner - Company Name: _____ Federal ID No.: _____

Mailing Address: _____ City: _____

County: _____ Zip-Code: _____ State: _____ Email: _____

Contact Person – Name: _____ Tel No.: _____

System Operator - Company Name: _____

Mailing Address: _____ City: _____

County: _____ Zip-Code: _____ State: _____ Email: _____

Contact Person – Name: _____ Tel. No.: _____

System Location Address _____ City: _____
(if different from above mailing address)

Zip Code: _____ Contact Person– Name: _____ Tel. No.: _____

City (municipality): _____ Email: _____
(if different from above location address) (if different from above email address)

LP-Gas Supplier (s): _____ NJ Supplier License No.: _____ (required after 1/1/04)

Number and Size (water capacity) of containers / tanks: _____

Type of LP-Gas (choose one): _____

For fill plant or dispensing station systems, individuals trained to dispense LP-Gas at the system location: *List and provide documents*

Name	Name	Training Program
_____	_____	D.P.S PERC CETP
_____	_____	
_____	_____	

For industrial plants, the person responsible for the operations of the liquid and/or vapor LP-Gas system:

Name: _____ Title: _____ Tel. No.: _____

I certify that as the system owner and/or designated representative of the Company registering this LP-Gas System, all the above information is correct, and this LP-Gas System will be operated in accordance with N.J.A.C. 5:18 and NFPA 58 standards as required by these regulations.

Name: _____ Signature: _____ Title: _____

Company Name: _____ DCA Registration No.: _____ Date: _____