New Jersey Department of Community Affairs Division of Codes and Standards / Office of the Director / LP-Gas Safety Unit 101 South Broad Street; P.O. Box 821; Trenton, NJ 08625-0821

Tel: 609-984-4257 Fax: 609-633-6279 Email: LPGas@dca.nj.gov

$\begin{tabular}{ll} \textbf{Registration Form (R1) for LP-Gas Systems} \\ {\rm \tiny N.J.A.C.~5:18-1.4} \end{tabular}$

***Check all applicable (System Type & Task LP-Gas System - vapor inst	allation - 2,001 to and					
vapor systems of 2,000-gallon aggreg LP-Gas System - liquid trai	•			-		
Change in Operator of existing LP-	•	in Ownership of exis		• •	· ation or Supplier Update Only	
System Owner - Company Name:_			F	ederal ID No.:		
Mailing Address:			City: _			
County:	Zip-Code:	State:	Email:			
Contact Person – Name: _			_ Tel No	o.:		
System Operator - Company Name	·					
Mailing Address:			City: _			
County:	Zip-Code:		State:	Email:_		
Contact Person – Name: _	Tel. No.:					
System Location Address	(if different from abo	ve mailing address)		City:		
Zip Code: Con						
City (municipality):						
LP-Gas Supplier (s):						
Number and Size (water capacity) of Type of LP-Gas (choose one):	of containers / tanks:					
For fill plant or dispensing station system Name	ems, individuals trained	to dispense LP-G	as at the syste Name	em location: *List	t and provide documents* Training Program D.P.S PERC CETP	
For industrial plants, the person res	ponsible for the opera	tions of the liqui	d and/or vap	oor LP-Gas sys	tem:	
Name:	:: Title:		Tel. No.:			
I certify that as the system owner ar above information is correct, and th standards as required by these regul	is LP-Gas System wil					
Name:	Signature:			Title:		
Company Name:	DCA Registration No.:		ation No.: _	Date:		
For use by the Office of the Director: Inspection Date: Inspec		Change in Owners Regis		Registration .	Approved: Y N Form R1, rev 6. 4/24	