

**STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
OFFICE OF THE DIRECTOR**

LPG-1

Assessment Remittance Report

This information is required for verification of assessments due on sales or import of odorized LP-Gas. Response is required by the rules adopted pursuant to N.J.S.A. 21:1B.

(All forms may be duplicated as needed for reporting assessments. Additional copies of forms are available by calling or writing the Office of the Director at 609-633-6835.)

Section 1.		
Company Name: _____		
Mailing Address: _____		
City: _____	State _____	Zip Code: _____
Contact Telephone No.: _____		Fax No.: _____
Must be completed		For BCS Use Only
This report covers the semi-annual period from _____ to _____, 20____.		\$ Amt. Received
		\$ Amt. Enclosed

Section 2.			
Odorization Point (Name, City & State)	Gallons Odorized	Assessment	Amount Due
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
Total amount collected on this page:			
Total amount carried forward from - attached pages:			
Adjustments / Penalties / Interest (attach explanation):			
Total amount remitted:			\$

- **Items are due no later than the 25th day of July and January (semi-annually).**
 - *A 5 percent penalty will be due on payments received after the due date.*
 - *Interest of 1 percent per month will be assessed on payments overdue by 30 days or more.*
- Check here if additional sheets were required to complete your remittance report.**
- Check here if this report is also intended to serve as your official Odorization Report.**

I, the undersigned, hereby certify that I was the owner of the stated volumes of LP-Gas at the time they were odorized or imported into New Jersey and that the information contained in this report is true and accurate.

Signature of Corporate Office or Authorized Person Printed name and title Date

Make check payable to: Treasurer State of New Jersey. Mail form(s) and check to: Department of Community Affairs, Office of the Director, P.O. Box 821, Trenton, NJ 08625-0821

STATE OF NEW JERSEY
 Department of Community Affairs
 Division of Codes and Standards
 OFFICE OF THE DIRECTOR

LPG-1

Assessment Remittance Report
 (Continuation Page)

This page _____ of _____ pages submitted by _____
 (Company Name)
 for the semi annual period from _____ to _____ 20_____

Please sign the certification on page 1

Odorization Point (Name, City & State)	Gallons Odorized	Assessment	Amount Due
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
		x \$.00500	
Total amount figured from this page:			

Please reproduce this page as necessary to complete the Assessment Remittance Report

**STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
OFFICE OF THE DIRECTOR**

LPG-2

LP-GAS ODORIZER OR IMPORTER REGISTRATION FORM

Pursuant to N.J.S.A. 21:1B, the below-named odorizer or importer of LP-Gas comes under regulation of this statute, and must register annually with the Department of Community Affairs, Division of Codes and Standards, Office of the Director. (Check one of the following)

- Company is a first time odorizer or importer; or
- Company is requesting subsequent annual registration as an odorizer or importer; previously registered on _____.
(Month/Year)

Odorizer shall complete Section I & II. Importers shall complete Section I only. Both the LP-Gas odorizer and importer shall complete this form within 30 days of a change in any of the information reported on this form.

SECTION I (For Odorizers and Importers):

Name			

Mailing Address			

		()	-

City	State	Zip	Telephone Number

Contact Person	Title	Telephone Number	

SECTION II (For Odorizers only):

_____	_____		
Odorization Facility Name	Facility Contact Person		
_____	_____		
Physical Address (No P.O. Boxes)	Mailing Address		
_____	_____		
City	State	Zip	
_____	()	_____	
County	Area Code	Telephone Number	
_____	_____		
Odorization Facility Name	Facility Contact Person		
_____	_____		
Physical Address (No P.O. Boxes)	Mailing Address		
_____	_____		
City	State	Zip	
_____	()	_____	
County	Area Code	Telephone Number	

STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
OFFICE OF THE DIRECTOR

LPG-3

LP-GAS LOAD EXEMPTION
CERTIFICATE OF LP-GAS DESTINED FOR EXPORT

Pursuant to N.J.S.A. 21:1B, deliveries of liquefied petroleum gas (LPG) destined for export to destinations outside the State of New Jersey are exempt from the fee on deliveries of odorized LP-Gas.

I hereby certify that this load of LP-Gas introduced into the following means of conveyance is for export and will be in continuous movement to a destination outside the State of New Jersey.

Tank Manufacturer

Tank Serial No.

Water Capacity

Under penalties prescribed in Section 21:1B-5 of the New Jersey Statutes, I hereby declare that I am authorized to sign this report, and that the information stated herein is true, correct and complete to the best of my knowledge.

Net Gallons Delivered

Printed Name

Product Delivered

Name of Company

Delivery Date

Loading Facility Location

Time of Day

Mailing Address of Company

Bill of Lading Number

City

State

Zip

Authorized Signature

Title

RETURN TO:

State of New Jersey
Department of Community Affairs
Division of Codes and Standards
Office of the Director
P.O. Box 821
Trenton, New Jersey 08625-0821

**STATE OF NEW JERSEY
 Department of Community Affairs
 Division of Codes and Standards
 OFFICE OF THE DIRECTOR**

LPG-4

LP-GAS MONTHLY USAGE REPORT

FOR THE PERIOD FROM _____ TO _____ 20____

PURCHASER: COMPANY NAME & ADDRESS	TOTAL GALLONS	TOTAL ASSESSMENT (1/2 of one cent per gallon)
TOTALS		

No LPG sold during this month.

Assessments are in accordance with Title 21:1B-15 and are due by the 25th day of the months of January and July.

I certify that the above information is true and correct.

 Signature & Title Date

 Company Name & Phone Number

STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
OFFICE OF THE DIRECTOR

LPG-5

LP-GAS ASSESSMENT REFUND REQUEST

NAME OF COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

I hereby request a refund in the amount of \$ _____ from the Office of the Director. This refund is requested for the following reason(s).

Supporting export and payment documentation must accompany this request. Examples of appropriate supporting export documentation include bills of lading, shipping manifests and load tickets. Examples of appropriate supporting payment documentation include invoices, ledgers and journal entries tied to export documents.

Under penalty prescribed in **N.J.S.A. 21:1B-5**, I hereby declare that I am authorized to sign this report and that the information stated herein is true, correct and complete to the best of my knowledge.

RETURN TO:
Department of Community Affairs
Bureau of Code Services
P.O. Box 821
Trenton, New Jersey 08625-0821

Authorized Signature

Printed Name

() _____
Area Code Telephone Number

Date

**STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
OFFICE OF THE DIRECTOR**

LPG-6

LP-GAS ODORIZATION REPORT FOR TERMINAL OPERATORS

The LP Gas Act (N.J.S.A. 21:1B) requires the following information be submitted to assist in verifying sales of odorized LPG. This report must be filed with the BCS and is due by the 25th day of the months of January and July.

Section 1.

Name of Submitter _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Private and Confidential

Storage cavern, terminal, and loading rack operators shall supply the following information semi annually by the 25th of the months of January, and July and shall identify the companies for whom they have provided odorizing services and the volumes of product odorized. The submitting operator may computerize this form if it will aid in submission of the information. Continuation pages may be added if more space is needed. All information submitted to the Office of the Director will be kept strictly confidential and will be used only for verification of BCS assessments submitted by producers, marketers and others, responsible for payment of the assessments required by the LP-Gas Act.

This report is for the period from _____
 to _____ 20 ____.

For BCS Use Only

\$ Amt. Received	Reviewed by
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This is page 1 of _____ pages.

(Please use continuation pages if more space is required)

Section 2.

Odorization Services to:	For BCS Use	Place of Odorization	Gallons Odorized

I, the undersigned, hereby certify that the information contained in this Odorization Report is true and accurate.

 Signature of Corporate Office or Authorized Person

 Printed name and title

 Date

Mail form(s) no later than the 25th of month for the reporting period as required to: Department of Community Affairs, Office of the Director, P.O. Box 821, Trenton, NJ 08625-0821

STATE OF NEW JERSEY
 Department of Community Affairs
 Division of Codes and Standards
 OFFICE OF THE DIRECTOR

LPG-6

LP-GAS ODORIZATION REPORT FOR TERMINAL OPERATORS

(Continuation Page)

This report is for the period from _____ to _____, 20____

This is page _____ of _____

Odorization Services to:	For BCS Use	Place of Odorization	Gallons Odorized

Please use continuation pages if more space is required