Registration Form (R1) for LP-Gas Systems
N.J.A.C. 5:18 – 1.4

Check one

____ 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.

System Owner – Company Name:  __________________________________________ Federal ID No.:  ______________

Mailing Address:  ________________________________________  City:  ______________________________

State:  __________________  Zip Code:  _____________  Fax No.:  __________________________

Contact Person – Name:  ________________________________________  Tel No.:  __________________________

System Operator - Company Name:  ________________________________________________

Mailing Address:  _______________________________________   City:  ______________________________

State:  ______________________  Zip Code:  _____________            Fax No.:  _________________________

Contact Person – Name:  ____________________________________  Tel. No.:  _________________________

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

Zip Code:  _________ Contact Person – Name:  ___________________________ Tel. No.:  ______________
City (municipality):  ______________________________________
(if different from above location address)

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

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

Type of LP-Gas (circle):  odorized propane   non-odorized propane   butane   propylene   butylene

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

Name                  Training Program

______________________________     _______________________________

______________________________     _______________________________

______________________________     _______________________________

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:  _______________________________________   Date:  _____________

For use by the Office of the Director:  Registration Approved:      Yes   No

Inspection Date:  ____________  Inspection Report No.:  ______________  Registration No.:  ________________  Form R1, rev 1/19