

STATE OF NEW JERSEY
 Department of Community Affairs
 Division of Codes and Standards
 BUREAU OF CODE SERVICES

LPG-1

LP-Gas Safety Program 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 BCS assessments. Additional copies of forms are available by calling or writing the Bureau of Code Services office at 609-984-7974.)

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____.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">\$ Amt. Received</td> <td style="width: 50%; text-align: center;">\$ Amt. Enclosed</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	\$ Amt. Received	\$ Amt. Enclosed		
\$ Amt. Received	\$ Amt. Enclosed				

Section 2.			
Odorization Point (Name, City & State)	Gallons Odorized	Assessment	Amount Due
		x \$.00500	
		x \$.00500	
		x \$.00500*	
		x \$.00467	
		x \$.00467	
		x \$.00467	
Total amount collected on this page:			
Total amount carried forward from - attached pages:			
Adjustments / Penalties / Interest (attach explanation):			
Total amount remitted:			\$
<ul style="list-style-type: none"> ● Items are due no later than 25 days after the end of the recording period (semiannually). <ul style="list-style-type: none"> - 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. * New rate of 1/2 of 1 cent, or \$.00500, effective October 6, 2014 <input type="checkbox"/> Check here if additional sheets were required to complete your remittance report. <input type="checkbox"/> 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, Bureau of Code Services, P.O. Box 816, Trenton, NJ 08625-0816			

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LP-Gas Safety Program
 Assessment Remittance Report
 (Continuation Page)

This page _____ of _____ pages submitted by _____
(Company Name)
 for the semiannual 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 \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
		x \$.00467	
Total amount figured from this page:			

The new rate of 1/2 of 1 cent, or \$.00500, is effective October 6, 2014.

Please reproduce this page as necessary to complete the Remittance Report

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LPG-4

LP-GAS MONTHLY USAGE REPORT

FOR THE PERIOD FROM _____ TO _____ 20_____

PURCHASER: COMPANY NAME & ADDRESS	TOTAL GALLONS	TOTAL ASSESSMENT (14/15 th of one cent per gallon) *
TOTALS		

No LPG sold during this month.

* New rate of 1/2 of one cent, or \$.00500, is effective as of October 6, 2014.

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

I certify that the above information is true and correct.

Signature & Title Date

Company Name & Phone Number