

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369**

APPLICATION FOR PERMIT TO HANDLE NITROUS OXIDE

(A fee of \$25 is required. An acceptable form of payment is a money order or a bank-certified check made payable to the "New Jersey Department of Health.")

Name of Person/Firm		Federal ID/Social Security No.
Trade Name		Date of Birth *
Street Address		
City, State, Zip		Telephone Number
E-Mail Address		Fax Number
Purpose/Use <input type="checkbox"/> Research <input type="checkbox"/> Race Car/Vehicle <input type="checkbox"/> Sales <input type="checkbox"/> Other (Specify): _____	Type of proof of age enclosed with this application <i>(Include a photocopy of both the front and back of the document enclosed.)</i> <input type="checkbox"/> Current Driver's License <input type="checkbox"/> Current Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify): _____	
Location(s) Where Nitrous Oxide is to be Used (Not Applicable for Race Cars/Vehicles)		
Full Name and Address of Place of Purchase (In New Jersey only; if purchase is to be made in another state, write "Out of State.")		
<p><i>I am applying for a permit to possess or use Nitrous Oxide for the purpose or use indicated above. I certify that the information provided in this application is true and correct to the best of my knowledge and belief.</i></p> <p>*Reminder: Attach a <u>copy</u> of the Applicant's proof of date of birth; do not attach the original.</p>		
Signature of Applicant		Date

FOR STATE USE ONLY		
<input type="checkbox"/> Certified Check \$ _____ <input type="checkbox"/> Money Order \$ _____	Date Received _____ Amount \$ _____	Permit Number _____ Date Issued _____ Approved By _____