pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

File # _____
Loc # _____
Date _____
LPGRG

LPG APPLICATION FOR REGISTRATION

Type or print legibly in black ink all the information requested below

Application Type	☐ Initial Registration ☐ Change Registration Type ☐ Renewal of Registration If renewal or change, list current registration number _____
Owner/Location Information	**Owner Name** _____ Phone ( ) _____ Mailing Address _____ Fax ( ) _____ City _____ State _____ Zip _____ E-Mail _____ **Location Name** _____ Location Address _____ City _____ County _____ Zip _____ Municipality Name _____ Type: ☐ Borough ☐ City ☐ Township
Insurance Documentation	A valid certificate of insurance or a policy declaration page naming the owner as the insured is acceptable. **The department (with address information listed below) must be listed as the certificate holder.** ☐ $250,000 minimum Liability Coverage – 9,000 or Less Gallons ☐ $1 Million/Incident $2 Million Aggregate Minimum Liability Coverage – 9,000 or more Gallons Insurance Carrier: _____ Policy Number: _____ Effective Date: _____ Expiration Date: _____
Training Program	☐ The LPG facility has employees who transfer LPG and utilizes the following training program to train authorized attendants: ☐ Operator Provider Training Program ☐ Program Approval Number _____ ☐ Propane Education and Research Council Training Program ☐ The LPG facility has no employees who transfer LPG
Registration Type / Fee	**Bulk Plant** $ 90 ☐ 2,000 or less gallons $ 90 ☐ 2,001 to 30,000 gallons $135 ☐ 30,001 to 90,000 gallons $180 ☐ 90,001 or more gallons **Industrial User** $ 45 ☐ 2,001 to 30,000 gallons $ 90 ☐ 30,001 to 180,000 gallons $180 ☐ 180,001 or more gallons **Distributor** $112.50 ☐ Less than 1,000 customers $235 ☐ 1,000 to 2,999 customers $337.50 ☐ 3,000 to 5,999 customers $450 ☐ 6,000 or more customers $ 50 ☐ Cylinder Exchange Cabinet (per physical address) **Total gallons per location:** _____
Signature	All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities. _____ Signature of Owner/Operator _____ Date
Filing Requirements	Submit proof of insurance **and** payment by check or money order payable to **Commonwealth of Pennsylvania** along with this application to: **PA Department of Labor & Industry** **BOIS – Boiler Division** **651 Boas Street, Room 1606** **Harrisburg, PA 17121-0750**
FOR L&I USE ONLY	Check #: _____ Amount: $ _____ Bates #: _____

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program