

## Registration Form (R1) for LP-Gas Systems

N.J.A.C. 5:18 – 1.4

Check as applicable

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: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person – Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

System Operator - Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

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 (choose one): \_\_\_\_\_

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: \_\_\_\_\_