

Department of Public Safety and Corrections

Public Safety Services

JOHN BEL EDWARDS
GOVERNOR

JOHN W. ALARIO
EXECUTIVE DIRECTOR

PERMIT HOLDER INFORMATION FORM

REQUIRED UPDATE

Dealer Number _____ Permit Number _____ Class _____ Permit _____

(Name of Permit Holder)

Physical Address (*No P.O. Box – Inspector will be notified/additional actions may be needed)

Street: _____

City: _____ State: _____ Zip: _____ Parish: _____

Mailing Address (**If different from Physical Address/where ALL correspondence is to be sent)

Street: _____

City: _____ State: _____ Zip: _____ Parish: _____

My Supplier/Reseller is: (***)Applicable to Classes I, VI, VI-X and VIII only – Inspector will be notified/additional actions may be needed.)

(Name and Address of Supplier/Reseller)

Official Contact Person's Name: _____

Official Contact Person's E-Mail Address: _____

Official Contact Person's Telephone Number: _____

Official Contact Person's Fax Number: _____

I certify that I am an authorized representative of the above named permit holder and that the statements set forth are true and correct to the best of my knowledge and belief. I am authorizing the Liquefied Petroleum Gas Commission to update my (our) dealer information.

Authorized Signature

Effective Date of Authorization

If you are not the Permit Holder, please check the box and complete the following:

(Please Print) Name: _____ Title/Affiliation: _____

Contact Number: (____) _____