



Department of Public Safety and Corrections

Public Safety Services

JOHN BEL EDWARDS
GOVERNOR

JOHN W. ALARIO
EXECUTIVE DIRECTOR

CHANGE OF NAME APPLICATION

Dealer Number _____ Permit Number _____ Class _____ Permit _____

We are presently operating as _____
(Current Name of Permit Holder)

Physical Address (No P.O. Box for Physical Address)

Street _____

City _____ State _____ Zip _____ Parish _____

Telephone No. : (_____) _____

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

Street _____

City _____ State _____ Zip _____ Parish _____

and respectfully petition the Liquefied Petroleum Gas Commission for a Change of Name to:

(New Name of Operation)

In the event of a corporation, it will be necessary to supply a certificate to the fact that the new corporation name has been approved by the Secretary of State, of the State of Louisiana. We are enclosing, herewith, endorsement certificate of insurance showing the new name of our company. We are listing the name of the officers and directors, if any, of our company and their titles, and also, a list of the stockholders, if any. This Change of Name is hereby signed by officers of this company. This application must be filed twenty (20) days for LPG and thirty (30) days for Ammonia before the regular monthly meeting of the Commission. Applicant or authorized representative must be present when application is considered by the Commission. We are enclosing the required filing fee of twenty-five dollars (\$25.00 and the required ten dollars (\$10.00) to transfer each employee's card of competency. We are also including, herewith, an inventory of all our equipment, trucks, bulk plants and location of any and all branches of same.

FOR OFFICIAL USE ONLY

Date approved: _____

Sketch finalized: _____

Insurance: _____ Expires: _____

Have tests been given and cards issued? Y N

Date Mailed: _____

Signed by: _____
(Owner or President of Corporation)

(Secretary)