

Department of Public Safety and Corrections, Public Safety Services
Liquefied Petroleum Gas Commission

JEFF LANDRY
GOVERNOR

DON P. ROBIN
EXECUTIVE DIRECTOR



Permit Holder Information Form

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 _____ (_____) _____

P.O. BOX 66209, BATON ROUGE, LA 70896
Phone (225) 925-4895 Fax (225) 925-4898