

Department of Public Safety and Corrections
Liquefied Petroleum Gas Commission

JOHN BEL EDWARDS
GOVERNOR

ARIESHA J. DENTS
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