



CHANGE OF NAME APPLICATION

Dealer Number _____ Permit Number _____ Class _____

(Current 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 _____

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 if applicable. We are also including, herewith, an inventory of all our equipment, trucks, bulk plants and location of any and all branches of same.

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

Date