LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
LIQUEFIED PETROLEUM GAS COMMISSION
ANHYDROUS AMMONIA INSPECTION/TAGGING REPORT

DEALER NAME	**DEALER NUMBER**	**MONTH**	**YEAR**
ADDRESS	**CITY**	**STATE**	**ZIP**

Note:**PRINT IN LANDSCAPE**

Date	Tag Number	Manufacturers Name	Manufacturers Serial Number	Size	Type container P - Portable S - Stationary	Container owner/Customer	Address Location

This Report shall be mailed to the office of the director of the Liquefied Petroleum Gas Commission by the 20th of the month following Inspection.

Person Submitting Report: _____

Telephone Number: _____