

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Public Health and Food Protection Program**

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[www.nj.gov/health/ceohs/phfpp/nitrousoxide/](http://www.nj.gov/health/ceohs/phfpp/nitrousoxide/)

**APPLICATION FOR PERMIT TO HANDLE NITROUS OXIDE  
Pursuant to N.J.S.A. 24:6G1-4**

- *Online submissions and payments are highly recommended for the fastest processing time.*
- *A non-refundable fee of \$25 is required. Payment options include online processing of all checks and credit cards.*
- *Any check or money order should be made payable to the "New Jersey Department of Health."*
- *To pay online by eCheck or credit card, please visit <https://nj.gov/health/ceohs/phfpp/nitrousoxide/>*
- *Incomplete applications will be returned. Please include both the signed application and payment confirmation.*

PAYMENT INFORMATION			
Payment Confirmation No.	Payment Date	License No. (If initial applicant, leave blank)	
IDENTIFICATION			
Name of Applicant		Mailing Address	
Trade Name	City	State	Zip Code
Email Address	Telephone Number	Fax Number	
ADDITIONAL INFORMATION (FOR INITIAL APPLICANTS ONLY)			
Federal ID/Social Security No.		Date of Birth	
Purpose/Use <input type="checkbox"/> Research <input type="checkbox"/> Race Car/Vehicle <input type="checkbox"/> Sale <input type="checkbox"/> Other (Specify): _____		Type of proof of age enclosed with this application (Include a photocopy of both the front and back of the document enclosed.)  <input type="checkbox"/> Current Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current Passport <input type="checkbox"/> Other (Specify): _____	
PLACE OF PURCHASE			
Location(s) Where Nitrous Oxide is to be Used (Not Applicable for Race Cars/Vehicles)			
Full Name and Address of Place of Purchase (In New Jersey only; if purchase is to be made in another state, write "Out of State.")			
CERTIFICATION OF ACKNOWLEDGEMENT			
I, _____, certify that I am applying for a permit to possess or use Nitrous Oxide solely for the purpose or use indicated above. I certify that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature of Applicant: _____		Date: _____	