



Department of Community Affairs  
Division of Codes and Standards

Licensing Unit  
P.O. Box 802  
Trenton, NJ 08625-0802

Form TL-4P

*For Office Use ONLY*

Date Rec'd: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
LOG #: \_\_\_\_\_

**PROPANE SERVICE CERTIFICATION APPLICATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last First MI Month/Day/Year

Social Security Number: \_\_\_\_\_ \*\*\*\*

Home Address \_\_\_\_\_  
Street

City County State Zip Code

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Business Address \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Submit this page completed on both sides, accompanied by all attached completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to the most current issue of the Propane Gas Customer Protection Act for the correct non-refundable fee.

**Type of Certification:**

Container Installation and Service ( ) Appliance Installation and Service ( )

Please submit Certificates for book 1 "Basic Principles and Practices" for either certification.

Submit part 4.2 "Preparing and Installing Vapor Distribution System Components" for the Container Installation and Service certification

Submit part 6.0 "Appliance Installation" and Part 7.0 "Appliance Service" for the Appliance Installation and Service

(OVER)

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?  
 NO.  
 YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.
  
2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?  
 NO.  
 YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.
  
3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?  
 NO.  
 YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services, Licensing Unit for the sole purpose of determining my eligibility for licensure.

\*\*\*\*PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.\*\*\*\*

DATE \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Notary's Signature \_\_\_\_\_

DATE \_\_\_\_\_

Notary Seal:

**ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.**