

New Jersey Department of Community Affairs
Division of Codes and Standards / LP-Gas Unit
101 South Broad Street; P.O. Box 821; Trenton, NJ 08625-0821
Tel: 609-633-6835 Fax: 609-943-5159

Registration Form (R2) for LP-Gas Systems

10,000 gallon and greater aggregate water capacity – N.J.A.C. 5:18 – Subchapter 9

(For each location, separate registration forms shall be submitted)

Company Name: _____ Federal ID No.: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Contact Person – Name: _____

Tel. No.: _____ Fax No.: _____

System Location - Street Address: _____ City: _____

Zip Code: _____ Township: _____ County: _____

Contact Person – Name: _____ Tel. No.: _____

Company's Main Headquarters - Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Contact Person – Name: _____

Tel. No.: _____ Fax No.: _____

Has the required quality control manual (N.J.A.C. 5:18-9.2) been completed? Yes No

If yes, please submit a copy with this registration.

If no, when will it be completed – specify date: _____

Type of LP-Gas produced / used / sold (circle): odorized propane non-odorized propane
propylene butylene butanes (normal or isobutene)

Please note that if your Company sells LP-Gas, a license is required. See N.J.A.C. 5:18 – subchapter 10. A Licensing Application is available on the website or be can obtained from the Bureau.

How is LP-Gas received at this location? (circle):

tanker truck bobtail railcar marine pipeline

At this location, does your Company odorize or have the capability to odorize any LP-Gas? Yes No

Number, size (water capacity) and ownership of all the storage tanks at this system location: _____

For Industrial Plants & Commercial facilities:

LP-Gas Supplier (s) – Name of Company (s): _____

LP-Gas used for what purposes? i.e. cylinder filling, process operations, heat, reserve heat/power, etc.

For Marketers:

Customer information serviced from this system location: *

Total Commercial and Industrial vapor accounts: _____

Commercial and Industrial vapor accounts (2,001 to 9,999 gallon aggregate water capacity): _____

Liquid transfer accounts: _____ Number of tanks: _____

Residential accounts: _____

Number and size of the bobtails and tanker trucks owned by the company at this system location:

Do you sell LP-Gas to other Marketers? * Yes No If yes, specify the Companies:

For Producers:

Means of LP-Gas distribution from the plant (circle):

truck loading railcar marine pipeline

Name of the Companies to which you sell LP-Gas * (attach list if necessary): _____

I certify that as the designated representative of the Company registering this LP-Gas System, all the above information is correct, and this LP-Gas System will be operated in accordance with N.J.A.C. 5:18 and NFPA 58 standards as required by these regulations.

Name: _____ Signature: _____ Title: _____

Company Name: _____ Date: _____

* All information which represent proprietary interests shall be treated as such and shall not be included as part of any request for public information.

For use by the Office of the Director:

Quality Control Manual submitted: Yes No

Audit Completed: Yes No Date: _____

Inspection Date: _____ Inspection Report No.: _____ Violation Report No.: _____

License No.: _____ Certificate of Operation issued: Yes No Date: _____ No.: _____

Registration Approved: Yes No Registration No.: _____

Comments: