

MISSOURI PROPANE SAFETY COMMISSION LP GAS INSPECTION AUTHORITY

FOR MPSC	OFFICE USE ONLY
APPLICATION DATE	
LOCATION NUMBER	

INDUSTRIAL CYLINDER EXCHANGE LOCATION SUBMISSION

2 CSR 90-10.013(2) The owner of Industrial cylinder exchange equipment shall submit a completed form MPSC-956 to the commission within fifteen (15) days following the installation of Industrial cylinder exchange equipment with an aggregate or total combined capacity greater than 300 lbs propage

with an aggregate or total c	ombined	capacity	greater than t	300 ibs propa	ne		
	TYPE	OR PRINT	ALL SECTION	S OF FORM	LEG	IBLY	
INSTALLER/SUPPLIER NAME							
MAILING ADDRESS							
COUNTY		TELEPHONE				FAX	
CABINETS/CYLINDERS INSTALLED A	T THE LOCA	TIONS BELOV	W:				
BUSINESS NAME	PHYSICAL	ADDRESS		CITY		ZIP CODE	COUNTY
ON SITE CONTACT	CONTAC	T EMAIL		PHONE		CAPACITY IN LBS	# OF LOCATIONS
BUSINESS NAME	DUVCICAL	ADDRESS		CITY		ZIP CODE	COUNTY
DUSINESS INAINE	PHISICAL	ADDRESS		CITY		ZIP CODE	COUNTY
	0001740			B. 10.15		0.4.0.4.0.7.4.4.4.0.0	" OF LOCATIONS
ON SITE CONTACT	CONTAC	I EMAIL		PHONE		CAPACITY IN LBS	# OF LOCATIONS
BUSINESS NAME	PHYSICAL	ADDRESS		CITY		ZIP CODE	COUNTY
ON SITE CONTACT	CONTAC	T EMAIL		PHONE		CAPACITY IN LBS	# OF LOCATIONS
BUSINESS NAME	PHYSICAL A	ADDRESS		CITY		ZIP CODE	COUNTY
BOOINEGO NAIVIE	TITIOIOAL	ADDITEGO		CITT		ZII CODE	COUNTY
ON SITE CONTACT	CONTAC	T EMAIL		PHONE		CAPACITY IN LBS	# OF LOCATIONS
It is understood and agreed that up Authority", for violation of state law							
		g LP Gas, o	<u> </u>	or the registrant a			
I declare under the penalty of perjury th			ed in this application		and accur	rate to the best of my know	ledge
•	hat the informa		ed in this application PRINTED NA	n is true, complete,	and accur	rate to the best of my know	ledge
I declare under the penalty of perjury the SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF	nat the informa	ation containe	PRINTED NA	n is true, complete,		rate to the best of my know	DATE

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