

## MISSOURI PROPANE SAFETY COMMISSION LP GAS INSPECTION AUTHORITY

| FOR MPSC OFFICE USE ONLY |                 |  |  |  |  |
|--------------------------|-----------------|--|--|--|--|
| APPLICATION DATE         |                 |  |  |  |  |
|                          |                 |  |  |  |  |
| DATE OF REGISTRATION     |                 |  |  |  |  |
|                          |                 |  |  |  |  |
| REGISTRATION NUMBER      | LOCATION NUMBER |  |  |  |  |
|                          |                 |  |  |  |  |

| TYPE OR PRINT ALL SECTIONS OF FORM LEGIBLY THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE CONSIDERATION WILL BE GRANTED.   |                                 |                |          |                       |              |               |       |  |
|---|---------------------------------|----------------|----------|-----------------------|--------------|---------------|-------|--|
| BUSINESS NAME   |                                 |                | В        | BUSINESS CONTACT      |              |               |       |  |
| PHYSICAL LOCATION   |                                 |                | M        | AILING ADDRESS        |              |               |       |  |
| CITY, STATE, ZIP  |                                 |                | С        | CITY, STATE, ZIP      |              |               |       |  |
| COUNTY  | COUNTY TELEPHONE                |                | COUNTY   |                       |              | TELEPHONE     |       |  |
| FAX E-I   | MAIL                            |                | F        | FAX E-                |              | E-MAIL        |       |  |
| PRINCIPAL I   | EXECUTIVE O                     | FFICER. PARTNE | RS. A    | ND OWNERS (Add        | additional s | sheet if need | ded.) |  |
| NAME  |                                 | TITLE          | ,        | CITY, STATE, ZIP      |              |               |       |  |
| NAME  |                                 | TITLE          |          | CITY, STATE, ZIP      |              |               |       |  |
| NAME  |                                 | TITLE          |          | CITY, STATE, ZIP      |              |               |       |  |
| IF INCORPORATED, WHAT STATE(S)?   | IF INCORPORATED, WHAT STATE(S)? |                |          | YEAR OF INCORPORATION |              |               |       |  |
| IF APPLICAL   | NT ADDRESS                      | IS OTHER THAN  | MISSO    | OURI ADDRESS, CO      | MPLETE TH    | IE FOLLOW     | ING   |  |
| NAME (RESIDENT MANAGER)   |                                 |                |          | TY, STATE, ZIP        |              |               |       |  |
| NAME (ATTORNEY IN FACT)   |                                 |                | CITY, S  | ry, state, zip        |              |               |       |  |
|   | GENERAL IN                      | IFORMATION (Se | ee regi: | stration class option | ns on page   | 2.)           |       |  |
| Have the principal executive officer, partners and owners adhered to all requirements of Chapter 323, RSMo and the rules pursuant to it?      Second Principal executive officer, partners and owners adhered to all requirements of Chapter 323, RSMo and the rules pursuant to it?      No                          |                                 |                |          |                       |              |               |       |  |
| 2. Name of $\Box$ owner $\Box$ full-time manager of the business who is familiar with all safety precautions, and who has experience in the retail/commercial LPG business of handling, storing and transporting LPGs, and/or installing, repairing and servicing piping, equipment and appliances for use with LPGs: |                                 |                |          |                       |              |               |       |  |
| 3. Number of years experience: Describe experience:   |                                 |                |          |                       |              |               |       |  |
|   |                                 |                |          |                       |              |               |       |  |
| Name and daytime phone number of person(s) who can attest to the experience. (This section not required for Classes V, VI, VII, and IX.)  Name:  Daytime Phone:   |                                 |                |          |                       |              |               |       |  |
| Name: Daytime Phone:  |                                 |                |          |                       |              |               |       |  |
| 5. Name of $\square$ owner $\square$ full-time manager of the business who holds a current training program certification through a training program approved by the director of the MPSC:  Training Program Name:  |                                 |                |          |                       |              |               |       |  |
| Organization that provided training: Date completed:  |                                 |                |          |                       |              |               |       |  |
| (Attach copy of training certification card. This section is not required for Classes VII, IX, X, and XI.)  |                                 |                |          |                       |              |               |       |  |
| Missouri counties in which applicant plans to conduct business:   |                                 |                |          |                       |              |               |       |  |
| 7. Does this business plan to maintain at least one LP Gas bulk storage plant in Missouri? □Yes □No   |                                 |                |          |                       |              |               |       |  |

MPSC-12 19 (01-16) Page 1 of 2

| TYPE OF REGISTRATION REQUESTED   |   |   |   |                |  |  |  |  |
|--|---|---|---|----------------|--|--|--|--|
| (A Class I Registration will allow the registrant to engage in   |   |   |   |                |  |  |  |  |
| Class II, Class IV, Class V, Class VI, Class VII, Class VIII and Class XI operations.)   |   |   |   |                |  |  |  |  |
|  | Class I   | <b>General LP gas operation</b> The storage, sale, transportation, and distribution of LP gas at retail-wholesale and the installation, service, and repair of appliances, equipment, and piping for use with LP gas. This does not include LP gas carburetion or liquid meter service or repair.             |   |                |  |  |  |  |
|  | Class II  | Installer and service of low pressure systems The installation, service, and repair of appliances, equipment and piping for use with LP gas. This class applies to only the low pressure portion of the LP gas system downstream of the first stage regulator and those systems addressed in NFPA 54.         |   |                |  |  |  |  |
|  | Class III   | <b>Installer and service of high pressure systems</b> The installation, service, and repair of piping and equipment for use with LP gas. This class applies to only the high pressure portion of the LP gas system upstream of the outlet of the first stage regulator and those systems addressed in NFPA58. |   |                |  |  |  |  |
|  | Class IV  | Installer and service of high and low pressure The installation, service and, repair of appliances, equipment, tanks, and piping for use with LP gas. This class applies to both high and low pressure portions of LP gas systems as addressed in NFPA 54 and NFPA 58.  |   |                |  |  |  |  |
|  | Class V   | <b>LP Service station operator (metered sales)</b> The retail operation of an LP gas service station consisting of LP gas storage containers, piping, pumps, and other pertinent equipment utilized to fill portable LP gas containers by weight.   |   |                |  |  |  |  |
|  | Class VI  | <b>LP gas dispenser operator (non-metered sales)</b> The retail operation of an LP gas dispensing station consisting of an LP gas storage container(s), piping, pumps, and other pertinent equipment utilized to fill portable LP gas containers by weight.   |   |                |  |  |  |  |
|  | Class VII   | (There is no class VII currently.)  |   |                |  |  |  |  |
|  | Class VIII  | Cylinder sales and service An operation or business engaged in the filling, distribution, and service of LP gas cylinders.  |   |                |  |  |  |  |
|  | Class IX  | Carburetion An operation or business engaged in the installation and services of LP gas carburetion systems.  |   |                |  |  |  |  |
|  | Class X   | <b>Liquid Meter repair and service</b> The installation, repair, and service of LP gas meters utilized for liquid LP gas deliveries (i.e. bobtail delivery truck meters).   |   |                |  |  |  |  |
|  | Class XI (There is no class XI currently.)                          |   |   |                |  |  |  |  |
|  |   |   | IMPORTANT NOTICES   |                |  |  |  |  |
| Attach evidence of self-insurance or liability insurance coverage according to Chapter 323.075, RSMo. (Evidence of insurance is not required for Classes II, III, IV, VII, VIII and IX.)   |   |   |   |                |  |  |  |  |
| Additional requirements according to class may apply. For a list of requirements, refer to the MPSC web site at www.mopropanesc.org, or contact the MPSC office at 573-893-1073 or admin@mopropanesc.org   |   |   |   |                |  |  |  |  |
| It is understood and agreed that if and when registration is granted by the "Inspection Authority", it shall remain in force until suspended by the "Inspection Authority", for violation of state laws governing LP Gasses, or at the request of the registrant at the cessation of business for which registration was granted. At such time registration is suspended or terminated, the certificate of registration shall be returned to the "Inspection Authority". |   |   |   |                |  |  |  |  |
|  |   | DER THE PENALTY OF PERJURY T<br>ND CORRECT TO THE BEST OF MY  | HAT THE INFORMATION CONTAINED IN THIS APPLICA<br>KNOWLEDGE. | ATION IS TRUE, |  |  |  |  |
| SIGN   | ATURE OF PRINC  | CIPAL EXECUTIVE OFFICER OR OWNER  | PRINTED NAME  | DATE           |  |  |  |  |
| SIGN   | ATURE OF PRINC  | EIPAL EXECUTIVE OFFICER OR OWNER  | PRINTED NAME  | DATE           |  |  |  |  |
| SIGN   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR OWNER PRINTED NAME DATE |   |   |                |  |  |  |  |
| MAIL TO: MISSOURI PROPANE SAFETY COMMISSION, 4110 COUNTRY CLUB DRIVE, SUITE 200, JEFFERSON CITY, MO 65109-0302   |   |   |   |                |  |  |  |  |

MPSC-12 19 (01-16) Page 2 of 2