

# **APPLICATION FOR REGISTRATION DISPENSING STATION**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **PROPANE AND NATURAL GAS BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8610  
Hearing Impaired: (207) 624-8563  
e-mail: [nanette.s.wescott@state.me.us](mailto:nanette.s.wescott@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Dispensing Station Registration

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- Dispensing Station Registration application and payment for \$216.00
- Detailed plans of the Dispensing Station including photos, a cross-sectional view, front and side elevations, and a plot plan addressing the items listed in the checklist below
- Limited Operator application

Incomplete applications will be returned.

**DISPENSING STATIONS** – All dispensing station owners must register the dispensing station with the Board. A dispensing station that undergoes a major repair, revision or relocation must provide the Board with updated information within 30 days of the completion of the change.

**LIMITED OPERATOR** – The on-site owner or operator of a dispensing station must hold a limited operator's license issued by the Board. The holder of the limited license is responsible for training other dispensing station employees and documenting that training. The training for the limited license must include a manual prepared by a regional propane gas association, a video prepared by a national propane gas association or equivalent materials approved by the Board. The training documentation must be kept at the station. A record of this training for all operators must be maintained on-site at all times and available for inspection (refer to Dispensing Station Affidavit).

### REFERENCE CHECKLIST FOR SITE PLAN

**A. Cross Section**

1. Base material
2. Tank(s) Supports

**B. Front and Side Elevations**

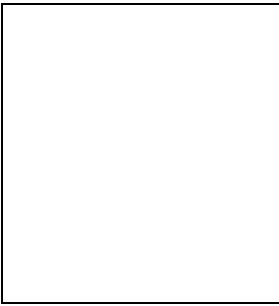
1. Facility Design
  - a. Tank Valve
  - b. Strainer
  - c. Flex Connector
  - d. Pump
  - e. By-Pass Line
  - f. Transfer Valve
  - g. Excess Flow Valve
  - h. Meter
  - i. Vapor Eliminator Line

- j. Vent Valve
- k. Break-A-Way Coupling
- l. Hose End Valve
- m. Relief Valve
- n. Hydrostatic Relief Valve
- o. Piping
- p. Vaporizer
- q. Emergency Shutdown Devices
- 2. Labeling
  - a. Piping
  - b. Tanks
    - (i) Placard Number
    - (ii) Identification Contents
    - (iii) Flammable
- 3. Protection
  - a. Collision
  - b. Flood
  - c. Tampering
  - d. Fire Extinguishment

### C. Plot Plan

- 1. Distance from tank to
  - a. Buildings
  - b. Street
  - c. Property Lines
  - d. Other Propane or Fuel Storage Tanks
  - e. Ignition Sources
  - f. Fence

# DISPENSING STATION REGISTRATION



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**PROPANE AND NATURAL GAS BOARD**  
 35 STATE HOUSE STATION  
 AUGUSTA, ME 04333  
 TEL: (207)624-8610 FAX: (207)624-8637  
 HEARING IMPAIRED: (207)624-8563

Office Use Only	
Cash #: _____	
License #: _____	
Date Issued: _____	
<b>4510-1446</b>	<b>\$ 20.00</b>
<b>4510-1422</b>	<b>\$196.00</b>

**APPLICATION FEE: \$ 20.00 (non-refundable)**  
**LICENSE FEE: \$196.00**  
**TOTAL DUE: \$216.00**  
**MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE**

**Employer Identification Number/Social Security Number \_\_\_\_\_**

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

**NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name of facility:		
Address of facility:		
City:	State:	Zip Code:
County:		Telephone: (____) _____ - _____
Limited Operator's Name:		Limited Operator's Telephone: (____) _____ - _____
Name of Owner of Dispensing Station Equipment:		
Address of Owner:		
City:	State:	Zip Code:

**THE PROPANE AND NATURAL GAS BOARD WILL SEND A COPY OF THIS REGISTRATION TO YOUR LOCAL FIRE DEPARTMENT.**

Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____
Water Capacity Per Tank: _____	Tank(s) Protected: _____
Distances From:	
_____ Nearest Building	_____ Sources of Ignition
_____ Intake to Direct Vent Appliance	_____ Property Line
_____ Flammable or Combustible Liquid Tank (s)	_____ Street
Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground	
Nature of Foundation:	
Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the Valves Protected Form Tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Individual or Firm Who Will Construct:	

**DIRECTIONS TO DISPENSING STATION FROM AUGUSTA, MAINE**

I HEREBY CERTIFY that this application, and any material submitted, contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for registration, upon investigation, if the statement is found to be misrepresented or false. Title 32, Chapter 130, § 14806 authorizes the Board to refuse to issue or renew a license to anyone found guilty of the practice of fraud, misrepresentation or concealment of material facts in obtaining a registration.

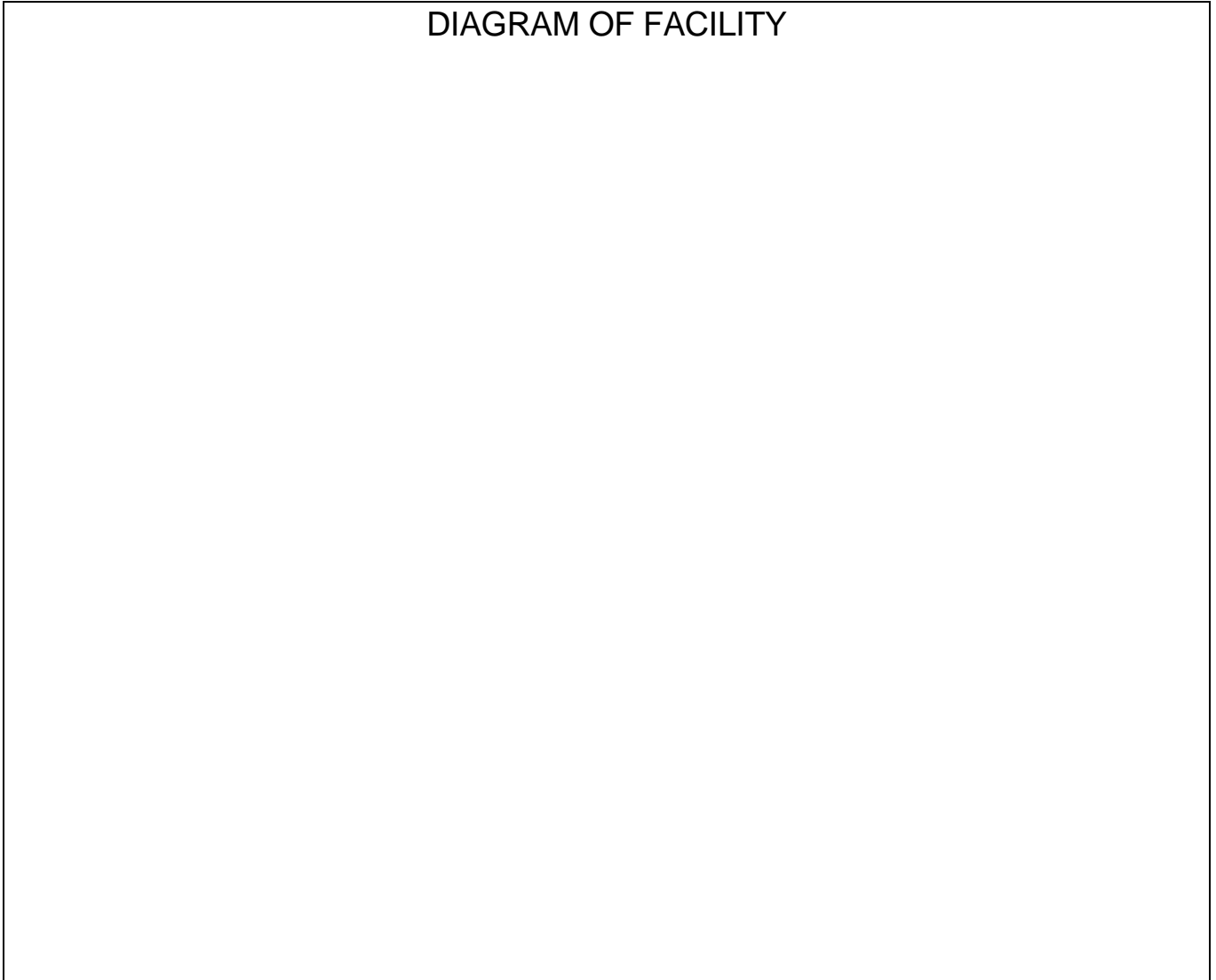
\_\_\_\_\_  
 Dispensing Station Owner \_\_\_\_\_  
 Date  
 The dispensing station owner is responsible for signing this application.

**FOR YOUR INFORMATION**

**This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required. Approval subject to inspection of the tanks and surrounding premises as completed. The onsite operator of the dispensing station must hold a limited operator’s license issued by the board. Training must occur before dispensing station employees may fill cylinders and the training documentation must be kept on-site.**

PLEASE PROVIDE DETAILED PLANS INCLUDING A CROSS-SECTIONAL VIEW, FRONT AND SIDE ELEVATIONS, AND A PLOT PLAN ADDRESSING THE ITEMS LISTED ON THE NEXT PAGE

DIAGRAM OF FACILITY



**DO NOT WRITE IN THIS BLOCK**

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

# LIMITED OPERATOR LICENSE APPLICATION

DATE RECEIVED

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**PROPANE AND NATURAL GAS BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8610 FAX: (207)624-8637  
HEARING IMPAIRED: (207)624-8563

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS AND EVIDENCE OF TRAINING MUST BE FILED WITH THE BOARD AT THE TIME OF LICENSE RENEWAL.

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name of Facility:		
Mailing Address of Facility:		
City:	State:	Zip Code:
County:	Date of Hire:	

Have you ever been convicted of a crime other than a minor traffic violation? Yes No  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY STATEMENTS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED. TITLE 32, CHAPTER 130, § 14806 AUTHORIZES THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD, MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN OBTAINING A LICENSE.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS CURRENTLY LICENSED AS PLANT OPERATORS AND/OR DELIVERY TECHNICIANS DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.**

I am currently licensed as:  Plant Operator  Delivery Technician  
License Number: \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that \_\_\_\_\_ has  
(Name of Applicant)  
been properly trained to perform job functions required per D.O.T. regulation.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Company Representative Name Typed or Printed

\_\_\_\_\_  
Company Name of Owner of the Filling Equipment

\_\_\_\_\_  
Signature of Training Representative

\_\_\_\_\_  
Training Representative Name Typed or Printed

# DISPENSING STATION AFFIDAVIT

I hereby certify that the following list of dispensing station operators have been properly trained by using the Dispensing Station Operators Manual and have viewed the National Propane Gas Association Video entitled, "Fill It or Not." I have also verified that each dispensing station operator is at least 18 years of age.

DISPENSING STATION OPERATOR(S) NAME:

PLEASE TYPE OR PRINT WITH INK.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Owner/Operator Name Typed or Printed

\_\_\_\_\_  
Company Name of Operator

**TO BE POSTED AT FACILITY**

# CHANGE OF LIMITED OPERATOR LICENSE APPLICATION

DATE RECEIVED
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 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**PROPANE AND NATURAL GAS BOARD**  
 35 STATE HOUSE STATION  
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Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name of Facility:		
Mailing Address of Facility:		
City:	State:	Zip Code:
County:	Date of Hire:	

Have you ever been convicted of a crime other than a minor traffic violation? Yes No  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

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Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Name of Applicant)  
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Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Company Representative Name Typed or Printed

\_\_\_\_\_  
Company Name of Owner of the Filling Equipment

\_\_\_\_\_  
Signature of Training Representative

\_\_\_\_\_  
Training Representative Name Typed or Printed



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
PROPANE AND NATURAL GAS BOARD  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANNE L. HEAD  
DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> ( ) -	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: (207)624-8610  
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637