

L.C. GAS DEALER INFORMATION SHEET

Dealer: _____

Mailing Address: _____ City: _____ State: _____

County: _____ Office email address: _____

Office Phone number: _____ - _____ - _____ Emergency number: _____ - _____ - _____

Manager Name: _____ L.C Gas License: _____

Manager email: _____ Manager cell phone number: _____ - _____ - _____

Office Personnel:

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

Driver / Installer:

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

Name: _____ Job: _____ License Number: _____

I assure this information is up to date: _____ **Date:** _____

L.C. Gas Inspector Name: _____