

APPENDIX B

APPENDIX B

STATE OF NEW JERSEY  
 Department of Community Affairs  
 Division of Codes and Standards  
 BUREAU OF CODE SERVICES

LPG-1

Assessment Remittance Report

This information is required for verification of assessments due on sales or import of odorized LP-Gas. Response is required by the rules adopted pursuant to N.J.S.A. 21:1B.  
 (All forms may be duplicated as needed for reporting BCS assessments. Additional copies of forms are available by calling or writing the Bureau of Code Services office at 609-633-6835.)

**Section 1.**

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Must be completed	For BCS Use Only	
This report covers the quarterly period from _____ to _____, 200_____.	\$ Amt. Received	\$ Amt. Enclosed

**Section 2.**

Odorization Point (Name, City & State)	Gallons Odorized	Assessment	Amount Due
		x \$.00067	
		x \$.00067	
		x \$.00067	
		x \$.00067	
		x \$.00067	
		x \$.00067	
<b>Total amount collected on this page:</b>			
<b>Total amount carried forward from - attached pages:</b>			
<b>Adjustments / Penalties / Interest (attach explanation):</b>			
<b>Total amount remitted:</b>			\$

Items are due no later than 25 days after the end of the recording period (quarterly).  
 - A 5 percent penalty will be due on payments received after the due date.  
 - Interest of 1 percent per month will be assessed on payments overdue by 30 days or more.

Check here if additional sheets were required to complete your remittance report.  
 Check here if this report is also intended to serve as your official Odorization Report.

I, the undersigned, hereby certify that I was the owner of the stated volumes of LP-Gas at the time they were odorized or imported into New Jersey and that the information contained in this report is true and accurate.

Signature of Corporate Office or Authorized Person \_\_\_\_\_ Printed name and title \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to: Treasurer State of New Jersey. Mail form(s) and check to: Department of Community Affairs, Bureau of Code Services, P.O. Box 816, Trenton, NJ 08625-0816



STATE OF NEW JERSEY
Department of Community Affairs
Division of Codes and Standards
BUREAU OF CODE SERVICES

LPG-2

LP-GAS ODORIZER OR IMPORTER REGISTRATION FORM

Pursuant to N.J.S.A. 21:1B, the below-named odorizer or importer of LP-Gas comes under regulation of this statute, and must register annually with the Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services. (Check one of the following)

- Company is a first time odorizer or importer; or
Company is requesting subsequent annual registration as an odorizer or importer; previously registered on (Month/Year)

Odorizer shall complete Section I & II. Importers shall complete Section I only. Both the LP-Gas odorizer and importer shall complete this form within 30 days of a change in any of the information reported on this form.

SECTION I (For Odorizers and Importers):

Name
Mailing Address
City State Zip Telephone Number
Contact Person Title Telephone Number

SECTION II (For Odorizers only):

Odorization Facility Name Facility Contact Person
Physical Address (No P.O. Boxes) Mailing Address
City State Zip City State Zip
County Area Code Telephone Number
Odorization Facility Name Facility Contact Person
Physical Address (No P.O. Boxes) Mailing Address
City State Zip City State Zip
County Area Code Telephone Number





STATE OF NEW JERSEY  
Department of Community Affairs  
Division of Codes and Standards  
BUREAU OF CODE SERVICES

LPG-5

LP-GAS ASSESSMENT REFUND REQUEST

NAME OF COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby request a refund in the amount of \$ \_\_\_\_\_ from the Bureau of Code Services. This refund is requested for the following reason(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supporting export and payment documentation must accompany this request.** Examples of appropriate supporting export documentation include bills of lading, shipping manifests and load tickets. Examples of appropriate supporting payment documentation include invoices, ledgers and journal entries tied to export documents.

Under penalty prescribed in N.J.S.A. 21:1B-5, I hereby declare that I am authorized to sign this report and that the information stated herein is true, correct and complete to the best of my knowledge.

**RETURN TO:**  
Department of Community Affairs  
Bureau of Code Services  
P.O. Box 816  
Trenton, New Jersey 08625-0816

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

( ) \_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Date

STATE OF NEW JERSEY  
 Department of Community Affairs  
 Division of Codes and Standards  
 BUREAU OF CODE SERVICES

LPG-6

**LP-GAS ODORIZATION REPORT FOR TERMINAL OPERATORS**

The LP Gas Act (N.J.S.A. 21:1B) requires the following information be submitted to assist in verifying sales of odorized LPG. This report must be filed with the BCS and is due by the 25<sup>th</sup> day of the months of January, April, July and October.

**Section 1.**

Name of Submitter \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Private and Confidential**

Storage cavern, terminal, and loading rack operators shall supply the following information quarterly by the 25<sup>th</sup> of the months of January, April, July and October and shall identify the companies for whom they have provided odorizing services and the volumes of product odorized. The submitting operator may computerize this form if it will aid in submission of the information. Continuation pages may be added if more space is needed. All information submitted to the Bureau of Code Services will be kept strictly confidential and will be used only for verification of BCS assessments submitted by producers, marketers and others, responsible for payment of the assessments required by the LP-Gas Act.

This report is for the period from \_\_\_\_\_  
 to \_\_\_\_\_ 200 \_\_\_\_.

For BCS Use Only	
\$ Amt. Received	Reviewed by

This is page 1 of \_\_\_\_\_ pages.  
 (Please use continuation pages if more space is required)

**Section 2.**

Odorization Services to:	For BCS Use	Place of Odorization	Gallons Odorized

I, the undersigned, hereby certify that the information contained in this Odorization Report is true and accurate.

\_\_\_\_\_  
 Signature of Corporate Office or Authorized Person      Printed name and title      Date

Mail form(s) no later than the 25<sup>th</sup> of month for the reporting period as required to: Department of Community Affairs, Bureau of Code Services, P.O. Box 816, Trenton, NJ 08625-0816

