

**GOVERNMENT FIRE SERVICES  
14 DESCHARTRES STREET  
PORT – LOUIS  
TEL : 212-0214/5  
FAX : 208-3875**

**APPLICATION FOR CERTIFICATE OF REGISTRATION FOR STORAGE OF L.P.G.**

Name of company / organisation : .....

.....

Address of company / organisation : .....

.....

Name of Responsible Person : .....

.....

Address of Responsible Person : .....

.....

Telephone Number : ..... Mobile Number : .....

Fax Number : ..... E – Mail : .....

Quantity of L.P.G. stored : .....

Method of storage - Bulk Tank  In Cylinder

Fire Protection available : .....

.....

.....

.....

I hereby declare that the above information is true and assume full responsibility to ensure that the fire protection measures will be kept in operational order at all material time

Date : ...../...../20.....

Signature : .....

I.D. Number: .....