



Georgia Department of Agriculture

Fuel & Measures Division • Capitol Square • Atlanta, Georgia 30334-4201
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Gary W. Black
Commissioner

LP GAS MECHANIC'S LICENSE APPLICATION (Please print or type)

SERVICE AGENCY (Employer) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (____) _____

APPLICANT'S NAME _____

Home Address and phone _____

Brief summary of training/experience in LP Gas Service:

I hereby certify that I am familiar with Georgia Laws and regulations and technical requirements governing weights and measures. Furthermore, I am physically competent to perform the duties of a L P GAS mechanic, and will, if licensed, conduct such duties in compliance of laws and ethical business standards.

(Applicant Signature)

(Signature of Company Official)

____/____/____
(date)

(Company Official Title)