

PROPANE 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.

NAME(S) OF TRAINED DISPENSING STATION OPERATOR(S):

PLEASE TYPE OR PRINT WITH INK.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Dated: _____

Signature of Limited Operator

Limited Operator's Name Typed or Printed

Facility Name

TO BE POSTED AT FACILITY