

TEMPORARY PERMIT FOR PLANT OPERATORS & DELIVERY TECHNICIANS

TRAINING AFFIDAVIT

TO BE COMPLETED BY PROPANE TECHNICIAN PROVIDING TRAINING

Temporary Permit Holder Information (please print)

Name:		
Mailing Address:		
City:	State:	Zip Code:

Supervising Propane and Natural Gas Technician Information (please print)

Name of Supervising Propane and Natural Gas Technician:		
License Number:	License Authority (i.e. Delivery Technician):	
Company Mailing Address of Supervising Propane and Natural Gas Technician:		
City:	State:	Zip Code:
Company Telephone Number:	Company Fax Number:	

I hereby certify that _____ has received job function training specific to () Bulk Plant Operators or () Delivery Technicians (only one authority may be chosen).

Signature of Supervising Propane and Natural Gas Technician

Date:
