

Approval for Entry of Gas Cylinders / Liquefied Gases Vehicles in PCFC areas

APPLICATION FOR ENTRY OF GAS CYLINDERS/LIQUEFIED GASES VEHICLES IN PCFC AREAS

COMPANY NAME	:			
LICENSE NO.	:	ISSUED FROM	:	
PO BOX	:	PHONE NO	:	FAX NO :
MANAGER NAME	:			
EMAIL ADDRESS	:			
MOBILE NUMBER	:			

DESCRIPTION OF THE GAS VEHICLE

MAKE	:			
REGISTRATION NO.	:	REGISTRATION EXPIRATION	:	
TYPE OF GAS	:			
FOR BULK TANKERS	:			
TESTED BY	:	TEST DATE	:	
CAPACITY	:			
REQUESTING FOR :		<input type="checkbox"/> THREE/ <input type="checkbox"/> TWO / <input type="checkbox"/> ONE MONTH (S) PERMIT		

DETAILS OF THE OPERATOR

NAME OF THE DRIVER	:			
LICENSE NO.	:	VALID UNTIL	:	
ISSUING AUTHORITY	:			
MOBILE NUMBER	:			
HELPER NAME	:			
	:			

DOCUMENTS TO BE ATTACHED

- A) PAYMENT RECEIPT
- B) TRADE LICENCE COPY
- C) COPY OF VALID TEST CERTIFICATE BY EHS APPROVED THIRD PARTY AGENCY – For Bulk Tankers
- D) DRIVER'S LICENSE COPY
- E) COPY OF VEHICLE RTA REGISTRATION