

ANNUAL LPG FILLING PLANT PROFILE

Reporting Period: YEAR _____		LPG BRAND:	
NAME OF COMPANY/ENTITY:		ADDRESS & TEL NO.:	
NAME OF OWNER/PRESIDENT/CEO:		ANNUAL SALES VOLUME (MT):	
Supplier		Bulk Supplier/Address:	Hauler/Address:
Cylinder:	Seal:		

Storage Tank		Refilling Facilities				List of Vehicles			
Number	Capacity (MT)	Filling Type	No. of Dispenser	Vol. Thruput (MT/Day)	Total Vol. Thruput (MT/Mo.)	Model	Make	Capacity	Plate No.

LIST OF QUALIFIED PERSONNEL/ATTENDANT

