



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety - Weights and Measures Section  
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## Company Application to Adjust and Seal LP-Gas Meters in Colorado

(Revised 8/11/2016)

Submit this completed form and the items listed below to the Division of Oil and Public Safety (OPS) within 7 days via email (Subject: RSA) using the information above.

- Documentation of proving can certification from a state metrology laboratory
- A legible copy of the company's seal (for new applicants only)
- Signed and notarized [individual application](#) for each person listed below
- Signed [Requirements for the Inspection and Calibration of LP-Gas Meters in Colorado](#) form for each person listed below

Application Type:     New             Renewal

### Applicant Information

Company Name:			
Mailing Address:		City/State/ZIP:	
Contact Name:		Title:	
Contact Email Address:		Contact Phone Number:	

List all other states in which the company is authorized to adjust LP-Gas meters.

Has any state or manufacturer ever rescinded its authorization to allow the company to adjust its LP-Gas meters?

Yes     No

*If the answer is yes, provide details here.*

List all employees designated by company to adjust and seal LP-Gas meters. Attach a completed [Individual Application to Adjust and Seal LP-Gas Meters in Colorado](#) form for each person listed.

### Notarized Applicant Certification

**The undersigned certifies to each of the following.**

1. I am the appropriate person to sign this application form on behalf of the applicant company.
2. I have read the document entitled [Requirements for Adjusting and Sealing LP-Gas Meters in Colorado](#) and I agree to abide by and to enforce all provisions of this document.
3. Each employee named above is qualified to adjust and seal LP-Gas meters.
4. Documentation exists to verify the licensing or certification by other states or meter manufacturers identified on both the Company's and on each Individual's Application. I will provide this documentation to OPS upon request.
5. Should any person employed by this company leave this employment, I will require that person to turn in the company's seal.
6. Only those company employees authorized by OPS will adjust and seal LP-Gas meters.
7. Only NIST-compliant equipment authorized by OPS and certified by a state metrology laboratory will be used to calibrate and adjust LP-Gas meters.
8. I understand that misrepresentation of any information in this application, knowing it to be false, or failure to abide by the [Requirements for the Inspection and Calibration of LP-Gas Meters in Colorado](#) may result in the company above-named losing its authorization to calibrate, adjust and seal LP-Gas meters in Colorado.

Name:		Title:	
Signature:		Date:	

Subscribed and sworn to before me in \_\_\_\_\_ County, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_