



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

(Revised 8/11/2016)

Submit this completed form and the [Requirements for Adjusting and Sealing LP-Gas Meters in Colorado](#) form to the Division of Oil and Public Safety (OPS) within 7 days via email (Subject: RSA) using the information above.

Application Type:     New                       Renewal

### Applicant Information

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

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

Has any state ever rescinded the undersigned individual's authorization to adjust LP-Gas meters?

Yes       No

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

List all manufacturers that have authorized the undersigned individual to calibrate and adjust its LP-Gas meters.

Has any manufacturer ever rescinded its authorization to allow the undersigned individual to calibrate and adjust its LP-Gas meters?

Yes       No

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

### Notarized Applicant Certification

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

- I have read the attached document entitled [Requirements for Adjusting and Sealing LP-Gas Meters in Colorado](#) and I agree to abide by all provisions of this document.
- Documentation exists to verify the licensing or certification by other states or meter manufacturers identified above. I will provide this document to OPS upon request.

Applicant Name:		Title:	
Applicant Signature:		Date:	

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

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

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