



MALTA RESOURCES AUTHORITY

APPLICATION FOR THE GRANTING, RENEWAL OR TRANSFER OF AN AUTHORISATION TO CARRY OUT THE ACTIVITY OF A BULK LPG DISTRIBUTOR

Malta Resources Authority
Millennia
Triq Aldo Moro
Marsa, MRS 9065
MALTA

Tel. : +356 2122 0619
Fax.: +356 2295 5200
Email: enquiry@mra.org.mt
www.mra.org.mt

Granting <input type="checkbox"/>	Renewal <input type="checkbox"/>	Transfer <input type="checkbox"/>
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A. Applicant's details

To be filled if application is made on behalf of a Company / Organisation or by an Authorised Local Representative for Companies not registered in Malta			
Name of Company / Organisation:	VAT No: (if applicable)	Company Registration No: (if applicable)	
Type of Company / Organisation:			
<input type="checkbox"/> LTD	<input type="checkbox"/> PLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Legal Organisation
<input type="checkbox"/> Other (Specify) _____			
Details of Legal Representative of the company or legal organisation in relation to this application			
Title:	Full Name:		
I.D. No. / Passport No:		Position Held:	
Contact Address:			
Address where authorised facility is located: (if applicable)			
Land line tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

To be filled if application is made by an Individual / Natural Person			
Title:	Full Name:		
I.D. No./Passport No:		VAT No: (if applicable)	
Contact Address:			
Address where authorised facility is located: (if applicable)			
Tel. No:	Mobile No:	Fax No:	E-mail Address:

B. Contact details of applicant

Indicate the details below of current directors or any other officers, company secretary, partners or members of the committee of management or administration. Identify, as applicable, the chairman, chief executive, managing director, finance director, and any other director with specific duties.

(If more space is required please fill in a separate sheet of paper and attach with this application form)

Full Name	ID No./Passport No.	Address	Position

C. Regulatory Approval/Actions

Has the applicant or any one of the directors been found guilty or convicted or been subject to any form of enforcement action by any regulatory authority or convicted of a criminal offence in the past 5 years or are any charges now pending?

If yes please provide full particulars in a separate, signed¹ and dated statement YES NO

Has the applicant or any one of the directors ever had a licence or permit or other form of registration of any kind refused, suspended, revoked or cancelled by any regulatory authority?

If yes please provide full particulars in a separate, signed¹ and dated statement YES NO

D. Licensing history of applicant

Has the applicant been previously licensed / authorised by the MRA?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Authorised provider's / Licensee's Name	Activity	Authorisation / Licence No	Still Active?	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

¹ To be signed by the Legal Representative in case of a company

E. Operational details

Section E.1 - Indicate details of LPG Distribution Vehicle/s	
<i>(If more space is required please fill in a separate sheet of paper and attach with this application form)</i>	
Vehicle Number Plate	Address of site where the LPG distribution vehicle is parked after working hours

Section E.2 - Indicate details of Driver/s employed		
<i>(If more space is required please fill in a separate sheet of paper and attach with this application form)</i>		
Driver's Full Name	I.D. Card Number	ADR Vocational Driver Training Certificate Number

F. Competent person responsible for the certification and assessment of the overnight parking facility for which this request for an Authorisation is being submitted

Title:	Name:	I.D. No / Passport No.	Registration No:	Engineering Warrant No:
Name of Company / Legal Organisation: <small>(if applicable)</small>				
Contact Address:				
Land Line Tel. No:	Mobile No:	Fax No:	E-mail Address:	

G. Declaration by competent person

I, the undersigned competent person, hereby declare that I have examined the overnight parking facility for which this application is being submitted. I have found the said authorized facility to be fully in conformity with the technical information supplied together with this application, complying with the requirements laid down in regulations or bye laws in force and in approved Codes of Practice². I have submitted all the technical documents I consider to be relevant to allow a proper assessment of this application form.

Name in Full: _____

Signature: _____

Date: _____

H. Details of previous authorised provider (to be filled only in case application for transfer of licence)

Title:	Full Name:	Previous Licence No:	
I.D. No./Passport No:	VAT No: (if applicable)	Company Registration No: (if applicable)	
Contact Address:			
Tel. No:	Mobile No:	Fax No:	E-mail Address:

I. Declaration by applicant

I, the undersigned applicant, hereby confirm that the information contained in this application is true and correct, and that it represents accurately the information being requested.

I undertake to inform the Malta Resources Authority of any changes in the information contained in this application, and I authorise the Malta Resources Authority to carry out the necessary investigations in order to verify this information. I understand that with the authorisation that I am automatically being subject to the conditions listed in the authorisation / requirements of the Authority. I also understand that the conditions included in the authorisation may be modified as prescribed by the Liquid Petroleum Gas Market Regulations, 2008. I also undertake to give any information that, from time to time, may be requested by the Authority.

I understand that the Authority may take any action in the event that the authorised facility is not maintained in accordance with the approved standards, Codes of Practice, authorisation conditions or requirements of the Authority or if any material alteration is carried out without the prior consent of the Authority

Name in Full: _____

Signature: _____

Date: _____

² Installations built prior October 2008 not conforming to approved Codes of Practice are to be the subject of a Risk Assessment exercise.

J. Documentation to be supplied together with application

(to be submitted only in case of an application for a new licence or transfer of a licence)

General Details

In case of a Company:

- (i) Certified copies of the Memorandum and Articles of Association of the company or deed of partnership or other deed or authenticated agreement establishing the corporate body
- (ii) A certified copy of the registration certificate of the company
- (iii) Certificate of good standing issued by the Registry of Companies
- (iv) Copy of the Trading Permit
- (v) A notarized copy of the identity cards or passport of the Directors and Secretary of the company
- (vi) Police Conduct Certificates of Legal Representative and of the Directors of the company
- (vii) Full particulars in a separate, signed and dated statement of any convictions or enforcement actions undertaken by a regulatory authority in last 5 years or any pending charges, as requested in Section C of this application. NIL certification is also required
- (viii) Full particulars in a separate, signed and dated statement of any refusal, suspension, revocation, invalidation or cancellation of any authorisation or permit or other form of registration by any regulatory authority, in any country either to the applicant or any of the company's directors. NIL certification is also required
- (ix) Description of the group of companies of the company (if applicable)
- (x) Disclosure on every shareholder of the applicant holding at least 10% of shares in the applicant.
- (xi) List of countries and territories where, within the last five years, the company has been operating, provide copies of authorizations (if applicable)
- (xii) Business plan for 3 years with financial projections and sufficient description of the proposed operations

In case of an individual:

- (i) Copy of the Trading Permit (if applicable)
- (ii) A notarized copy of the ID Card
- (iii) Police conduct certificate
- (iv) Full particulars in a separate, signed and dated statement of any convictions or enforcement actions undertaken by a regulatory authority in last 5 years or any pending charges, as requested in Section C of this application. NIL certification is also required
- (v) Full particulars in a separate, signed and dated statement of any refusal, suspension, revocation, invalidation or cancellation of any authorisation or permit or other form of registration by any regulatory authority, in any country either to the applicant or any of the company's directors. NIL certification is also required
- (vi) Business plan for 3 years with financial projections and sufficient description of the proposed operations

Technical Details:

- (i) Copy of vehicle/s logbook/s and ADR Certificates
- (ii) Copies of insurance covering third party liability. The Authority reserves the right to request the applicant to alter the cover in a manner that is acceptable to it
- (iii) Copy of drivers ADR vocational certificate;
- (iv) Description (including site plans) of Parking Facility, including risk assessment of site, compiled by competent person.

The Authority may request documentation or other information on an ad hoc basis in regard to organizations or other legal personality

K. Data Protection Notice

All personal data submitted to the Authority shall be used only in relation to the processing of this application and the management of consequent Notifications and/or Authorisations. The information may however be transmitted to third parties (including other Government authorities, departments or bodies in the exercise of their official authority), in whole or in part, where required or allowed by law.

Under the data protection legislation, you have the right to request, in writing, information on the personal data we hold about you. Although all reasonable efforts will be made to keep your information updated, you are kindly requested to inform us of any change in relation to the personal data held by this organization. In any case if you consider that certain information about you is inaccurate, you may request rectification of such data.

L. For office use

Received by: _____

Date: _____

Amount due: _____

Amount paid: _____

Reference file number: _____

Official stamp:

Send completed application and all attachments to:

**Director of Energy Resources
Malta Resources Authority
Millennia
Aldo Moro Road
Marsa MRS 9065
Malta**