



MALTA RESOURCES AUTHORITY

**APPLICATION FOR THE GRANTING, RENEWAL OR TRANSFER OF AN AUTHORISATION TO OPERATE A SECONDARY STORAGE FACILITY OF LPG**

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

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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**

<b>To be filled if application is made on behalf of a Company</b>			
Name of Company / Organisation:	VAT No: (if applicable)	Company Registration No: (if applicable)	
Type of Company / Legal Organisation:			
<input type="checkbox"/> LTD	<input type="checkbox"/> PLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Legal Organisation
<input type="checkbox"/> NGO	<input type="checkbox"/> Other (Specify) _____		
<b>Details of person representing the company or organisation in relation to this application</b>			
Title:		Full Name:	
I.D. No. / Passport No.:		Position Held:	
Contact Address:			
Address where authorised facility is located:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

<b>To be filled if application is made by an Individual</b>			
Title:		Full Name:	
I.D. No./Passport No.:		VAT No: (if applicable)	
Contact Address:			
Address of licensed premises:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

## B. 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"/>

## C. Operational details

### Section C.1 - Indicate details of Storage Facility & Fuel Consumption

*(If more space is required please fill in a separate sheet of paper)*

#### Bulk Storage

Tank No.	Water Capacity (litres)	Indicate location of storage <sup>i</sup>	Date of First Installation of tank	Purpose of use <sup>ii</sup>

#### Cylinders

Number of Cylinders	Total Weight (kg)	Number of Interconnected Cylinders	Purpose of Use <sup>ii</sup>

- i – Indicate whether storage is located above ground, mounded or buried.
- ii – List purpose of use of the mentioned fuel (e.g. transportation, stand-by electricity generation, heating such as water heating, process heating in furnaces, space heating and cooking)

### Section C.2 - Indicate details of Vaporiser

*(If more space is required please fill in a separate sheet of paper)*

Are the Storage Vessels indicated above equipped with a Vaporiser?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Vaporiser Type	Vaporiser Flow Rate (litres/minute)

**D. Competent person responsible for the certification and assessment of the storage for which this request for an Authorisation is being submitted**

Title:	Name:	I.D. No. / Passport No.:	Registration No. of Competent Person and / or Engineering Warrant Number:
Name of Company / Organisation: (if applicable)			
Contact Address:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

**E. Declaration by competent person**

I, the undersigned competent person, hereby declare that I have examined the authorised 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 the approved LPG Codes of Practice<sup>1</sup>. 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: \_\_\_\_\_

**F. Details of previous licence holder** (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:

<sup>1</sup> Installations built prior to October 2008 not conforming to approved LPG Codes of Practice are to be subjected to a Risk Assessment exercise.

## **G. 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 data 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 granting of the authorisation that I am automatically being subject to the conditions listed in the authorisation. I also understand that the conditions listed in the authorisation may be modified as prescribed by the LPG Market Regulations, 2008. I also undertake to give any other information that, from time to time, may be requested by the Authority.

I understand that the Authority may take or peruse any action in the event that the secondary storage facility is not maintained in accordance with the approved standards, authorisation conditions or requirements of the Authority (in the case of a notification) or if any material alteration is carried out without the prior consent of the Authority

Name in Full: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **H. 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)*

### **Technical Details:**

- (i) Development permit;
- (ii) Site plan with red boundary and with co-ordinates and North point;
- (iii) 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;
- (iv) A copy of the maintenance service contract which is to include a provision for emergency service or a copy of the maintenance schedule and emergency service procedures together with associated records;
- (v) Inspection report of the installation including a risk and safety assessment report (if applicable; See footnote 1 on page 3) compiled by a competent person;
- (vi) Technical drawing of the storage tank and installation pipe-work in relation to distances from buildings and boundaries;
- (vii) Photographs of the installation.

## **I. 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.

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**J. For office use**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Amount due: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Reference file number: \_\_\_\_\_

Official stamp:

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Send completed application and all attachments to:

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