**LOGO, Business Name**

**Address, Email Address and Contact Number**

**SUPPLIER’S CERTIFICATION**

**(FOR DEALER)**

To the Department of Energy:

This is to certify that \_\_ APPLICANT’S BUSINESS NAME\_\_\_\_\_ owned and operated by \_\_\_APPLICANT’S OWNER NAME\_\_\_, located at \_\_\_\_BUSINESS ADDRESS OF APPLICANT\_\_\_\_ is an authorized LPG **DEALER** of \_SUPPLIER’S BUSINESS NAME\_\_ located at \_ SUPPLIER’S BUSINESSS ADDRESS\_\_.

SUPPLIER’S BUSINESS NAME has agreed to supply, promote, sell, exhibit, and be responsible for all after-sale service on the following LPG products with the following details:

LPG Brand/s:

LPG Size/s:

Validity of Certificate (Minimum of 1 Year Agreement):

It is understood that subject dealer is required to carry and source its LPG requirement from the aforesaid LPG supplier through its authorized refilling plant, **(Name of Refilling Plant)**, located at **Address/ Location of the Refilling Plant**. It is further required that the abovementioned dealer shall abide by all the existing laws, rules and regulations governing the LPG business.

Failure to comply with any provision of the contract/agreement by subject dealer shall cause the termination/revocation of the same through a written notice to be immediately served and enforced within fifteen (15) days upon receipt.

This certification is hereby issued to \_\_APPLICANT’S BUSINESS NAME\_\_\_ upon the request for the sole purpose of securing LTO.

Issued this **nth day** of **month, year**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over printed name of Authorized Officer

 Trademark Owner’s /Marketer’s Name:

 LTO Number:

 Date of Expiration:

**Conforme:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of Refilling Plant Owner

LTO Number:

Date of Expiration:

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