**LOGO, Business Name**

**Address, Email Address and Contact Number**

**SUPPLIER’S CERTIFICATION**

**(FOR RETAILER)**

To the Department of Energy:

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

SUPPLIER’S BUSINESS NAME\_ has agreed to supply 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 retailer is required to carry and source its LPG supply from the aforesaid LPG dealer through its authorized showroom/warehouse. It is further required that the abovementioned retailer 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 retailer 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

Dealer’s Business Name:

LTO Number:

Date of Expiration:

**Conforme:**

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

Signature over printed name of Authorized Officer

Trademark Owner/Marketer’s Name:

LTO Number:

Date of Expiration:

**NOTARY PUBLIC**

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