

Colorado Department of Labor and Employment Division of Oil and Public Safety 633 17th Street, Suite 500 Denver, CO 80202-3610 Phone: 303-866-4946 Fax: 303-318-8488

Email: cdle_oil_inspection@state.co.us

Web: www.colorado.gov/ops

Antifreeze Sale/Offering for Sale Permit Application

(Revised 2/17/2017)

Instructions

- 1. A separate application must be submitted to the Division of Oil and Public Safety (OPS) for each brand of antifreeze.
- 2. Email completed applications to Sandi Johnson at sandi.johnson@state.co.us.
 - Please note the check number associated with the application(s) in your email so the payment can be properly processed when received.
 - If you attach 10 or more applications to your email, include a list of the antifreeze brand names in the email as well.
- 3. Send the \$25.00 fee (per application) to:

Division of Oil and Public Safety Antifreeze Permit Registration Attn: Sandi Johnson 633 17th Street, Suite 500 Denver, CO 80202-3610

4. All approved permits will be valid for one year. To retain continuity of an existing approved permit, an antifreeze packager must reapply for a new permit 60 days prior to the expiration of the current permit.

If you have any questions, please contact the OPS Petroleum Laboratory at 303-866-4946.

Application Information										
Manufacturer/Distributor name:										
Address:	Street:									
	City:			State:					ZIP:	
Email address*:										
Antifreeze brand name:										
Size(s) of containers in which antifreeze is packaged and offered for sale:										
Chemical name(s) of antifreeze material:										
Chemical name of inhibitor present:										
Name to be used on permit (if approved):									□ Sa	me as above
Address to be used on permit (if approved):		Street:						☐ Same as above		
		City:			State:		ZIP:			
Applicant Certification										
The undersigned manufacturer/distributor certifies that the above information is true to the best of their knowledge.										
Manufacturer/Distributor Representative Nan			Date:							
Manufacturer/Distributor Representative Signature:										

*Permits will be sent to the email address you provide on this application.