

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF WEIGHTS AND MEASURES**

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Revised March 2009

REGISTRATION FORM - VIRGINIA PETROLEUM PRODUCTS RETAIL LOCATIONS

NOTE: Complete either Section 1 or Section 2, but not both. Complete Section 3.

Section 1. Producer/Refiner Operator Retail Outlet Information

Name of Producer/Refiner			
Mailing Address			Office or suite no.
City		State	Zip Code
Phone Number, including area code ()		Fax Number, including area code ()	
Full name of person submitting application		Title	
Signature		Date	

Section 2. Franchise Dealer

Name of Franchise Dealer			
Mailing Address			Office or suite no.
City		State	Zip Code
Phone Number, including area code ()		Fax Number, including area code ()	
Full name of person submitting application		Title	
Signature		Date	

Section 3. Retail Outlet Information

Name under which outlet operates		Brand of Gas	
Exact Physical Address			
City		State	Zip Code
Mailing Address (if different)			
City		State	Zip Code
Phone number, including area code ()		Fax number, including area code ()	
If this location has been previously operated under another person, company, or corporation name, please indicate that name:			

Received by:

Printed Name

Title

Signature

Date