

	Licence Requirements for Distribution, Import and Export of Liquefied Petroleum Gas	Doc. Type.	Form
		Doc. No.	LN.FM-017
		Issue Date	2024-01-26
		Revision No.	00
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This **Checklist** should be completed and submitted together with **“Form I – Application Form”**

This licence involves engaging in entrepreneurial activities relating to bulk distribution, import, and export of liquefied petroleum gas on the strength of an owned or leased storage facility with a capacity of at least 10 Metric Tonnes

Instructions

1. Read Energy Regulation (General) Regulations 2023 before completing this form
2. Use capital letters and where applicable mark ☒
3. This checklist has nine (9) parts.
 - a. Applicants who own or lease a depot must complete parts: **A,B(I),C,D,E,I&J**
 - b. Applicants with hospitality arrangements must complete parts: **A,B(I),F, I&J**
 - c. For amendment to applicants must complete parts: **A,B, E, G I&J**
 - d. For renewal, applicants with hospitality, complete parts: **A,B(II), C,D,F, I&J**
 - e. For renewal, applicants with own or leased depot must complete parts: **A,B(II),C,D,E,H, I&J**
4. Use a separate application form for each project.

A. Application Particulars

Name of Applicant _____

Please mark to select type of entity or specify in “other”

- Limited Liability Company
 Partnership
 Sole Trader
 Body Corporate
 Trust
 Other (please specify)

Company/Entity’s Registration Number _____

ZRA Taxpayer Identification Number _____

ERB (application fee) Receipt Number _____

Please mark choose the type of Licence Activity(ies) being applied for

- Distribution
 Import
 Export

Please mark with to select type of application

Initial
Amendment
Renewal

Note If the selected type of application is **“Amendment”** please go to **“Part F”**
If the selected type is **“Renewal”** please go to **“Part G”**

Does the applicant own fuel storage facilities with a minimum capacity of 10 MT Yes No

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				Status ¹			Status ²

Table 3: Loading and off-Loading Facilities

Location	Units	Type	Year Installation	of	Capacity (Litres/hour)

Table 4: Filling Areas

Location	Units	Type	Year Installation	of	Capacity (MT/hour)

D. Permission from other Authorities (Not applicable to applicants without storage facility)

Requirement	Issue date	Expiry date	Reference No.
Local Authority (Valid Fire Certificate)			
Valid ZMA certification (metering)			
Valid Factories Act Certification			

E. Proposed Schedule of Activity(ies)

Table 5: Proposed Maximum Annual Distribution Schedule

Product	Units	Distribution
Liquefied Petroleum Gas	[Metric Tonnes/year]	
Butane	[Metric Tonnes/year]	

¹ Indicate whether facility is owned by applicant or leased.

² Indicate whether the commercial customer storage facilities are licensee or not

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Table 6: Proposed Monthly Minimum Import Schedule

Product	Unit of Measure/month	Quantity, (Q)	Unit Cost, [ZMW/Unit] (C)	Total, [ZMW] (Q * C)
Liquefied Petroleum Gas	[Metric Tonnes]			
Butane	[Metric Tonnes]			
Total				

Table 7: Proposed Monthly Maximum Export Schedule

Product	Unit of Measure/month	Quantity, (Q)	Unit Cost, [ZMW/Unit] (C)	Total, [ZMW] (Q * C)
Liquefied Petroleum Gas	[Metric Tonnes]			
Butane	[Metric Tonnes]			
Total				

F. Hospitality Agreement (Not applicable to applicants with minimum 10 MT storage capacity)

Please provide the following details of the facility providing Hospitality services	
Name	
ERB Licence No.	
Depot Name	

Please ensure that the Hospitality Agreement is valid for at least 6 months when applying	
Issue Date	
Expiry Date	

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G. Application for Amendment

Name of facility _____

Licence Number _____

Outline of proposed amendments to Licence,

Attach relevant supporting documents (Including a “Cover Letter” justifying the proposed amendment)

H. Application for Renewal *(should be submitted at least 3 months before expiry of existing licence)*

Please provide the following details of the current licence	
Current Licence No	
Issue Date	
Expiry Date	

Are there any outstanding liabilities on the current licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify.	

I. Declaration by Applicant

I (full name in block letters) _____
 declare that the particulars, details and information given in this checklist are true and correct to the best of my knowledge

Signature

Date

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J. Appendices *(Please attach the following to your application where applicable)*

Requirement	Y	NA
Valid Fire Certificate <i>(for applicants with storage depots)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lease Agreement <i>(if applicant is not the owner of the depot)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality Agreement <i>(for applicants with without storage depots)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Valid Flow Meter Calibration Certificate <i>(for initial application only)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Certification for personnel <i>(initial applications only for applicants with depots)</i>	<input type="checkbox"/>	<input type="checkbox"/>
SHEQ Plan <i>(initial applications only for applicants with depots)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of ownership od depot	<input type="checkbox"/>	<input type="checkbox"/>
Latest audited financial statements prepared by a ZICA registered firm <i>(Renewal application only)</i>	<input type="checkbox"/>	

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Review of the Application

Recommendation Approval Reject Request for additional information

Reason(s) or Condition(s) for the Recommendation

Reviewed by _____ **Sign** _____ **Date** _____

Checked by _____ **Sign** _____ **Date** _____

Approved by _____ **Sign** _____ **Date** _____