



Connecticut
Department of Energy &
Environmental Protection

Bureau of Materials and Management & Compliance Assurance
Sustainable Materials Management, Office of Policy and Planning

Gas Cylinder Stewardship Plan Submission Application

DEEP USE ONLY	
App #:	_____
Doc #:	_____
Program:	EPR

Please complete this form in accordance with Connecticut General Statutes Section 22a-209h and DEEP's guidance document to ensure the proper handling of your plan. Print or type unless otherwise noted.

Part I: Application Type and Description

Check the appropriate box identifying the application type.

This submittal is for (check one):		<input type="checkbox"/> Individual Stewardship Plan or
		<input checked="" type="checkbox"/> Organization Stewardship Plan
This application is for (check one):		
<input checked="" type="checkbox"/>	A <i>new</i> plan application	
<input type="checkbox"/>	A <i>renewal</i> of an existing approved plan	
<input type="checkbox"/>	A <i>modification</i> of an existing approved plan	

Part II: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).*

1. Applicant Name: Propane Gas Association of New England	
Mailing Address: 1024 Suncook Valley Highway, Unit C-5	
P.O. Box 1071	
City/Town: Epsom	State: NH Zip Code: 03234-1071
Business Phone: 888-445-1075	ext.:
Contact Person: Leslie Anderson	Phone: 207-745-5969 ext.
*E-mail: leslie@pgane.org	
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.	

Part II: Applicant Information (continued)

a) Applicant Type (check one):

- i) corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database [onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov).)

iii) Check here if your organization is **NOT** registered with the Secretary of State's office.

2. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part III: List the Manufacturers Participating in this Plan

Provide a list of all participants and contact information for each participant. Submit as Attachment J if needed.

See Attachment J


Part IV: Stewardship Plan Requirements

Please address the following as required by Section 22a-905h for your Stewardship Plan. Check each box to indicate they are included in the Plan submitted with this completed form. When submitting the following, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: Describe the minimization of public sector involvement in the management of discarded cylinders.
- Attachment B: Describe provisions for free, convenient, and accessible state-wide opportunities for the receipt of gas cylinders used by consumers for personal, family or household use at eligible entities.
- Attachment C: Describe provisions for pick-up of discarded gas cylinders from eligible entities.
- Attachment D: Describe provisions for the transport and management of discarded gas cylinders picked-up from eligible entities in accordance with agreements between producers and eligible entities which shall be consistent with any provision of the law.
- Attachment E: Describe provisions for refilling or recycling cylinders and capturing residual gases for reuse.
- Attachment F: Describe the performance goals for the first two years of the gas cylinder stewardship program.
- Attachment G: Identify eligible entities to be used pursuant to the program.
- Attachment H: Describe how the program will promote the collection of discarded gas cylinders supplied to consumers for personal, family or household use.
- Attachment I: Describe the public education program that will be used to promote consumer knowledge of the program
- Attachment J: List of the Manufacturers Participating in this Plan; include contact information such as, name, address, phone and email for each participant.

Part V: Applicant Certification

A representative of the stewardship organization *and* the individual(s) responsible for actually preparing the application must sign this part. This form will be considered incomplete unless all required signatures are provided **and are the proper signatory authority**. [If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p> <p>“By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.”</p>	
	<p>6/23/2023</p>
<p>Signature of Applicant</p>	<p>Date</p>
<p>Leslie Anderson</p>	<p>President and CEO</p>
<p>Printed Name of Applicant</p>	<p>Title (if applicable)</p>
<p>Signature of Preparer (if different than above)</p>	<p>Date</p>
<p>Printed Name of Preparer</p>	<p>Title (if applicable)</p>

Note: Please submit this completed Application Form **and the Stewardship Plan, by email to:**

Tom Metzner at: Tom.Metzner@ct.gov