



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety  
 633 17<sup>th</sup> Street, Suite 500  
 Denver, CO 80202-3610

Phone: 303-866-4946  
 Fax: 303-318-8488  
 Email: [cdle\\_oil\\_inspection@state.co.us](mailto:cdle_oil_inspection@state.co.us)  
 Web: [www.colorado.gov/ops](http://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](mailto: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):					<input type="checkbox"/> Same as above	
Address to be used on permit (if approved):		Street:				<input type="checkbox"/> 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 Name:			Date:		
Manufacturer/Distributor Representative Signature:					

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