



Florida Department of Agriculture and Consumer Services  
 Division of Consumer Services  
 Bureau of Liquefied Petroleum Gas Inspection

**CATEGORY I LIQUEFIED PETROLEUM GAS DEALER  
 (0601)  
 LICENSE APPLICATION**

Sections 527.01(6), 527.02 and 527.04, Florida Statutes  
 Rule 5F-11.004, Florida Administrative Code

ADAM H. PUTNAM  
 COMMISSIONER

Make Check or Money Order payable  
 to FDACS and remit with form to:

FDACS  
 P.O. Box 6700  
 Tallahassee, Florida 32314-6700

**License Application Fee: \$525.00    Application Fee After March 1<sup>st</sup> and Before September 1<sup>st</sup>: \$262.50**

**INSTRUCTIONS**

**SCOPE OF LICENSE:** This license is required for any person, firm or corporation involved in the sale of LP gas, cylinder exchange, sale or lease of LP gas and/or natural gas appliances/equipment, installation, service and repair of LP gas and/or natural gas appliances and equipment, carburetion equipment sales and installation and requalification of cylinders pursuant to Chapter 527, F.S.

**TO APPLY** for the Category I LP Gas Dealer (0601) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the Bureau of LP Gas Inspection at the address in the upper right-hand corner. **ALL LICENSES EXPIRE AUGUST 31ST EACH YEAR REGARDLESS OF DATE OF ISSUE.**

**PROOF OF INSURANCE MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE.** Pursuant to **Section 527.04, F.S., minimum insurance of \$1,000,000 bodily injury liability and property damage liability covering the products and operations of the business is required.** FDACS-03521, (02/14), Liquefied Petroleum Gas Insurance Affidavit (For All Licenses Except Category III Cylinder Exchange Operators), may be utilized to document proof of insurance; however, insurance company forms will also be accepted. A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance.

BUSINESS NAME (NAME TO BE PRINTED ON LICENSE):

Physical Address of Business (Address of location to be licensed):

City	County	State	Zip Code
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Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):
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COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):

Company Mailing Address:

City	County	State	Zip Code
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Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):
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Questions should be directed to:  
 The Bureau of LP Gas Inspection (850) 921-1600

Org Code: 42 10 11 01 000 EO: A2 Object Code: 002102
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<b>FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:</b>	
<b>THIS COMPANY IS A</b> <i>(circle one)</i> :      Partnership      Corporation      Proprietorship      Individual	
<b>IF A CORPORATION, INDICATE STATE OF INCORPORATION AND CHARTER NUMBER:</b>	
<b>IF A CORPORATION, INDICATE NAME OF LEGAL REPRESENTATIVE OF RECORD:</b>	
<b>IF A CORPORATION, LIST ALL CORPORATE OFFICERS</b> (May attach separate list if needed):	
1.	
2.	
3.	
4.	
<p><b>QUALIFIERS:</b> If your qualifier(s) will require the transfer of his/her qualifications from a previous company, a letter of transfer signed by that person must accompany this application. If you do not have a qualifier, but are scheduling an examination, complete the attached "Examination Scheduling Request" (FDACS-03504 Rev. 04/14) and return it along with this application (include the \$20.00 examination fee). <b>List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.</b></p>	
<b>NAME</b>	<b>EXAM CERTIFICATE NUMBER</b>
1	
2	
3	
4	
<p><b>MASTER QUALIFIER:</b> The owner, manager or supervisor of this license applicant must be a Master Qualifier and must meet AND PROVIDE DOCUMENTATION verifying that he/she meets the following conditions of Florida Statutes:</p> <ol style="list-style-type: none"> <li>1. Must show proof of employment within the industry during the past 24 months.</li> <li>2. Hold a current 601 qualification examination (ENCLOSE COPY OF EXAM DOCUMENTATION OR QUALIFIER CARD).</li> <li>3. Must be the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed.</li> </ol>	
<u>MASTER QUALIFIER NAME:</u>	
<u>CERTIFICATE NUMBER:</u>	<u>DATE OF EXAMINATION:</u>
<p><b><u>IMPORTANT: IF YOU REQUIRE EXAMINATION AS A MASTER QUALIFIER, PLEASE COMPLETE THE "EXAMINATION SCHEDULING REQUEST" (FDACS-03504; REV. 04/14) AND RETURN IT WITH THIS APPLICATION. IF YOU ARE TRANSFERRING A MASTER QUALIFIER FROM ANOTHER LOCATION, THE REQUEST MUST BE SUBMITTED IN WRITING BY THE MASTER QUALIFIER AND THE CURRENT CERTIFICATE MUST BE RETURNED FOR REISSUANCE IN THIS COMPANY'S NAME.</u></b></p>	
<p><b>PROOF OF INSURANCE:.</b> HAVE YOU INCLUDED PROOF OF MINIMUM INSURANCE COVERAGE AS INDICATED IN THE INSTRUCTIONS SECTION ON PAGE 1 OF THIS APPLICATION? NOTE: A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance. <i>Ref. s. 527.04, F.S.</i></p>	

**TRUCK REGISTRATION:** List all vehicles owned or leased which transport LP gas on any public street in a container mounted on the vehicle (i.e., bobtail, transport). These vehicles are to be registered with the department each year at the time of license renewal and are subject to a \$50 registration fee payable at the time of inspection by the department. *Use Separate Sheet if necessary.*

TAG NUMBER	SERIAL NO. OF TANK	MANUFACTURER	GALLONS WATER CAPACITY

**FLORIDA PROPANE GAS EDUCATION, SAFETY, AND RESEARCH ACT**

The Florida Propane Gas Education, Safety, and Research Act was established in Chapter 527, F.S., to provide funding for programs to promote propane education, safety and research, and marketing of propane, propane products and equipment. As a propane dealer in Florida, you are subject to any assessments authorized under this Act, if you meet the following criteria:

- Own odorized propane at the time it crosses the state borders entering Florida; or
- Odorize propane gas within the state borders.

In the event you are covered by this program, you will be required to return a quarterly report form (FDACS-03524 Rev. 02/14, Odorizers/Importers Quarterly Remittance Report) included with this license application.

**I have read the above statement and understand that I may be subject to assessments as provided by the Florida Propane Gas Education, Safety, and Research Act.**

Signature of Applicant: \_\_\_\_\_

**EMPLOYEE BACKGROUND CHECKS**

In addition to security background checks required for employees within the industry who handle hazardous materials, companies should also be conducting checks for other activities. Any employee of your company who, by reason of his employment, could have access to your customer's homes or businesses and who has:

- A felony conviction involving moral turpitude; or
- Has exhibited moral turpitude by reason of felony conviction and/or registration as a sexual predator

could be considered untrustworthy (*Rule 5F-11.005, F.A.C.*) and could expose your company to denial or revocation of your LP gas license and or qualification. The names and addresses of sexual predators can be verified through the internet or by contacting the Florida Department of Law Enforcement's toll free number at **(1-888-FL-PREDATOR)** or **(1-888-357-7332)**. Background checks of your employees to determine suitability for employment are your responsibility and failure to do so could cause loss of your license and expose your company to legal liability.

**I have read and understand the above statement.**

Signature of Applicant: \_\_\_\_\_

**PLEASE ENSURE THAT ALL DOCUMENTS ARE COMPLETED AND SUBMITTED WITH THIS APPLICATION. FAILURE TO SUBMIT A COMPLETED APPLICATION WILL RESULT IN DELAY IN PROCESSING AND MAY RESULT IN DENIAL OF LICENSURE.**

**PRINT NAME OF OWNER OR MANAGER:** \_\_\_\_\_

**SIGNATURE OF OWNER OR MANAGER:** \_\_\_\_\_

**TITLE OR OFFICE HELD:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

<b>FOR BUREAU USE ONLY</b>	<b>REVIEWED BY:</b> _____
<b>DATE APPLICATION COMPLETE &amp; LICENSE ISSUED:</b> _____	<b>REVIEWED BY:</b> _____
<b>SITE PLANS &amp; INSPECTION:</b> _____	<b>DATE LICENSE MAILED:</b> _____