



**ADAM H. PUTNAM
COMMISSIONER**

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

**DEALER IN APPLIANCES AND EQUIPMENT
FOR USE OF LIQUEFIED PETROLEUM GAS (0602)
LICENSE APPLICATION**

Sections 527.01(12) and 527.02, Florida Statutes
Rule 5F-11.004, Florida Administrative Code

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: \$50

Application Fee After October 1st and Before April 1st: \$25

INSTRUCTIONS

TO APPLY for the Dealer in Appliances and Equipment for Use of Liquefied Petroleum Gas (0602) 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. (**See above dates for correct fee as required by s. 527.02, F.S.**)

SCOPE OF LICENSE: This license provides for the sale or lease of apparatus, appliances and equipment for the use of LP gas. This includes, but is not limited to, propane tanks, grills, ranges, ovens, water heaters, refrigerators, floor buffers, and similar equipment.

NOTE: As a dealer in appliances and equipment for use of LP gas, it is your responsibility to assure your customers of a safe product by selling only those parts, appliances, or equipment that have been approved by a nationally recognized testing laboratory, pursuant to Chapter 527, F.S., and Rule 5F-11.001, F.A.C.

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

Federal Employer's Identification Number:

This company is a (*circle one*): Partnership Corporation Proprietorship Individual

If a corporation, indicate state of incorporation and charter number:

If a corporation, indicate name of legal representative of record:

If a corporation, list all corporate officers (May attach separate list if needed):

1.

2.

3.

4.

Print name of owner or manager:

Signature of owner or manager:

Title or office held:

Date of application:

FOR BUREAU USE ONLY

DATE APPLICATION COMPLETE
& LICENSE ISSUED: _____

REVIEWED BY: _____

REVIEWED BY: _____

DATE LICENSE MAILED: _____