



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

ADAM H. PUTNAM
COMMISSIONER

**PIPELINE SYSTEM OPERATOR (0804)
LICENSE APPLICATION**

Sections 527.01(18), 527.02 and 527.04, Florida Statutes
Rule 5J-20.004 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 Equals Number of Jurisdictional Systems x \$100
(Not to exceed \$400 per License Year per s. 527.02(5), F.S.)**

Number of Systems: _____ **x \$100 = Amount Due:** _____

INSTRUCTIONS

SCOPE OF LICENSE: This license is required for any person, firm or corporation operating one or more liquefied petroleum gas pipeline systems as defined under Section 527.01(18), Florida Statutes.

TO APPLY for the Pipeline System Operator (0804) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the LP Gas Program at the address in the upper right-hand corner. **CALCULATE YOUR FEE IN THE SPACE ABOVE. 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:
LP Gas Program (850) 921-1600

Org Code: 42 10 06 25 000
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

QUALIFIERS: 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). **List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.**

NAME	EXAM CERTIFICATE NUMBER
1	
2	
3	
4	
5	

LIST NAMES & ADDRESSES OF SYSTEMS (USE A SEPARATE SHEET IF NECESSARY):

1

2

3

4

5

PRINT NAME OF OWNER OR MANAGER:

SIGNATURE OF OWNER OR MANAGER:

TITLE OR OFFICE HELD:

DATE OF APPLICATION:

FOR DIVISION USE ONLY

DATE PACKAGE COMPLETE & LICENSE ISSUED: _____	REVIEWED BY: _____
SITE PLANS & INSPECTION: _____	REVIEWED BY: _____
	DATE LICENSE MAILED: _____