



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

**LP GAS INSTALLER (0405, 0406, 0407, 0408, 0803)
 LICENSE RENEWAL APPLICATION**

ADAM H. PUTNAM
 COMMISSIONER

Section 527.02, 527.03, Florida Statutes
 Rule 5F-11.004, Florida Administrative Code

Remit Payment Online at:
www.fl-ag-online.com

- or -

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

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

MAILING ADDRESS:

LOCATION ADDRESS OF LICENSEE:

NOTE ADDRESS CHANGES BELOW:

NOTE ADDRESS CHANGES BELOW:

License Number: _____ Renewal Application Fee Due \$200.00 Renewal Fee Due After August 31st: \$300.00

License Type/Class: _____

FEDERAL EMPLOYER'S TAX IDENTIFICATION NUMBER: _____

PRINT NAME OF OWNER AT THIS LOCATION: _____

PRINT NAME OF MANAGER IF DIFFERENT: _____

PHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____
 (NOTE ANY CHANGES)

PRINT NAME OF PERSON COMPLETING THIS FORM: _____

TITLE OR OFFICE HELD: _____

HAS THERE BEEN A CHANGE OF OWNERSHIP AT THIS LOCATION DURING PREVIOUS 12 MONTHS? YES _____ NO _____

HOW MANY EMPLOYEES ARE INVOLVED IN THE INSTALLATION, REPAIR, MAINTENANCE OR SERVICE OF LP GAS APPLIANCES, EQUIPMENT OR SYSTEMS? ____

IMPORTANT: This form must be completed and all information provided. Failure to provide information may result in delayed or denied renewal. Make sure all attachments are verified relating to qualifiers and insurance. **(Note: Proof of renewed insurance coverage must be submitted if your current policy will expire while this application is pending.)** Pursuant to Section 837.05, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes.

 SIGNATURE OF PERSON COMPLETING THIS FORM

 DATE OF APPLICATION

FOR BUREAU USE ONLY:

DATE REVIEWED & RENEWED: _____

MAILED BY: _____

Org Code: 42 10 11 01 000
 EO: A2
 Object Code: 002102

Questions should be directed to:
 The Bureau of LP Gas Inspection (850) 921-1600

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: _____

QUALIFIERS

License ID:

Company Name:

The following employees are currently on file with your company as qualifiers. Please verify this information, make any necessary changes or additions, line out those no longer employed and **return with your license renewal**. Use additional pages if necessary.

| Qualifier Name | Qualifier ID | Type/Class | Status | Expiration Date |
|----------------|--------------|------------|--------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NAME AND CERTIFICATE NUMBER OF MASTER QUALIFIER:

(NOTE: MASTER QUALIFIERS CANNOT QUALIFY MORE THAN ONE LICENSED LOCATION.)

The Master Qualifier for this location is:

Name

ID

(Note any change)

By signature below, I certify that this person is the manager, owner or primarily responsible for overseeing the operations of this location.

SIGNATURE OF PERSON COMPLETING THIS FORM