

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

## QUALIFIER / MASTER QUALIFIER LP GAS INSTALLER (0803) RENEWAL APPLICATION

Section 527.0201, 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, Florida 32314-6700

0803 Fee: \$20.00	0702 Fee: \$30.00		Total Amount Due: \$50.00
-------------------	-------------------	--	---------------------------

## **INSTRUCTIONS**

Page 1 of 2

TO RENEW your Master Qualifier or Qualifier status, fill this form out completely **(PRINT OR TYPE)** and return both pages with THE RENEWAL FEE SHOWN ABOVE, to the Bureau of LP Gas Inspection at the address in the upper right hand corner. EVIDENCE OF CONTINUING EDUCATION MUST BE DOCUMENTED ON PAGE TWO OF THIS APPLICATION. Please list all continuing education hours on this form where provided. Any CEU's reported to our office have been recorded and should appear on this list. Continuing education must meet the requirements of Rule 5F-11.062, Florida Administrative Code, must be 16 hours minimum for the past 3 year period, and must include a minimum of two hours in one of the following topics: Inspections and Maintenance of LP gas facilities and equipment; State and Federal LP gas laws, rules, regulations, codes and standards; or Gas Emergency Procedures, Fire Protection, or Risk Management Planning.

QUALIFIER / MASTER QUALIFIER NAME:	EMAIL ADDRESS:		CERTIFICATE NO.:	
AILING ADDRESS OF QUALIFIER / MASTER	QUALIFIER:			
treet:	City:		State:	Zip Code:
AME OF COMPANY/EMPLOYER:	l	ICENSE NO.:		
AILING ADDRESS OF COMPANY / EMPLOYE	ER:			
treet:	City:		State:	Zip Code:
OUNTY NAME	TELEPHONE NO. ( )	-		
PLICANT SIGNATURE			DATE	
uestions should be directed to:				
		EO: A2	de: 42 10 11 01 000 Code: 001171	
ureau of LP Gas Inspection 350) 921-1600		Object	50de. 001171	

## **DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL**

CERTIFICA	TE #:		NAME:		DATE:	1 1
Date of Training	Total Hours	Course Id		Course Title		For Bureau Use Only
				·	·	