

# ADAM H. PUTNAM **COMMISSIONER**

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

#### **QUALIFIER** LP GAS DEALER (0601) RENEWAL APPLICATION

Section 527.0201, Florida Statutes 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

0601 Fee: \$20.00	Total Amount Due: \$20.00

#### INSTRUCTIONS

TO RENEW your Qualifier Certification, fill this form out completely (PRINT OR TYPE) and return it with all attachments, INCLUDING 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 THE ATTACHED FORM AND RETURNED WITH YOUR APPLICATION AND FEE. 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.

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QUALIFIER NAME:	EMAIL ADDRESS	:		CERTIFICATE	NO.:
MAILING ADDRESS OF QUALIFIER:				<u> </u>	
Street:	City:			State:	Zip Code:
NAME OF COMPANY/EMPLOYER:		LICENSE NO.	:		
MAILING ADDRESS OF COMPANY/EMPLOYER:					
Street:	City:			State:	Zip Code:
001117111117					
COUNTY NAME:		TELEPHONE	NO.: ( ) -		
APPLICANT SIGNATURE		<u> </u>		DATE	
			One Carles 40.40	. 44 04 000	
Questions should be directed to:			Org. Code: 42 10 EO: A2		
Bureau of LB Gas Inspection			Object Code: 001	171	
Bureau of LP Gas Inspection (850) 921-1600					
(655) 521 1555					
FDACS-03573 Rev. 02/14					
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## **DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL**

CERTIFICAT	E#:	NAME:	DAT	ΓΕ: <u>//</u>
Date of Training	Total Hours	Course Id	Course Title	For Bureau Use Only