

Florida Department of Agriculture and Consumer Services Division of Consumer Services

LP GAS QUALIFIER AND MASTER QUALIFIER REGISTRATION APPLICATION

WILTON SIMPSON COMMISSIONER

Sections 527.02 and 527.0201, Florida Statutes Rule 5J-20.004, Florida Administrative Code Remit Payment Online at: <u>www.FDACS.gov</u> or Check or Money Order payable to FDACS and remit with form to: FDACS PO Box 6700 Tallahassee, FL 32314-6700

To schedule an examination, complete this form (print or type) and return to the above address with the examination fee or schedule your exam online at <u>www.FDACS.gov</u>. If renewing your qualifier or master qualifier certification online, please go to <u>www.FDACS.gov</u> (renewals only). PLEASE NOTE: Proof of approved 16 continuing education hours must be included. Questions, please contact Bureau of Compliance (850) 921-1600.

Name: First	Middle:		Last:
Mailing Address:		Applicant Email Address:	
City:	State:		Zip:
Phone No:	Company Email Address:		
()			
Company's LP Gas License #:	Company Name:		
Company Phone:	Company Addres	SS:	
()			

CheckOne	Exam Type / Qualifier Renewal		
	Q1: Dealer Exam		\$20
	Q1-R.V.: R.V. Dealer Exam		\$20
	Q2: Dispenser Exam		\$20
	Q5: Service/Installation Exam		\$20
	M1: Master Qualifier Exam: Dealer	Qualifier ID #	\$30
	M1-R.V.: Master Qualifier Exam: R.V. Dealer	Qualifier ID #	\$30
	M5: Master Qualifier Exam: Installer	Qualifier ID#	\$30
	Master Qualifier Renewal ID#	Qualifier Renewal ID#	\$30 / \$20

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Page 1 of 2

Org Code: 42 10 06 25 000 EO: A2 Object Code: 001171

\$20/\$30

PLEASE CHOOSE AN EXAMINATION SITE:

□ Tallahassee □ Ocala (May only) □ Authorized Agent

MASTER QUALIFIER FOR A LICENSED COMPANY (Complete this section if you are applying for the Master Qualifier position for a licensed company). This form is submitted as evidence that I am eligible to hold the position of Master Qualifier with the company listed on page 1 of this application, and that I am the (check one) — owner — manager — supervisor — otherwise

page 1 of this application, and that I am the (check one) _____owner, ____manager, _____ supervisor, _____ otherwise primarily responsible party for the operations and business activities of the licensed location or licensed applicant listed above.

Signature of Applicant

Date

First time Master Qualifier applicants must have for a minimum of three years of verifiable experience in the liquefied petroleum industry within the 10 years preceding submission of this application or hold a professional certification in safety installation, maintenance, service or repair of LP gas equipment, systems, or appliances by an LP gas industry manufacturer.

Has the applicant been convicted or pled nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C., within the last five years? If yes, please explain.

YES

NO

Signature of Applicant: _____

DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL OF QUALIFIER/MASTER QUALIFIER

(Attach additional sheets as necessary using the same format below to complete the following CEU training information.)

Date of Training	Total Hours	Course ID (if applicable)	COURSE TITLE