

Name: First

## Florida Department of Agriculture and Consumer Services Division of Consumer Services

## LP GAS QUALIFIER AND MASTER QUALIFIER REGISTRATION APPLICATION

Sections 527.02 and 527.0201, Florida Statutes Rule 5J-20.004, Florida Administrative Code

Middle:

Remit Payment Online at:

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

FDACS Post Office Box 6700 Tallahassee, Florida 32314-6700

Last:

To schedule an examination, complete this form (<u>print or type</u>) and return to the above address with the examination fee or schedule online at <u>www.FDACS.gov.</u> QUESTIONS SHOULD BE DIRECTED TO: LP Gas Program (850) 921-1600. If renewing your qualifier/master qualifier online go to www.FDACS.gov. Please attach proof of approved 16 continuing education hours. Questions, please contact Bureau of Compliance (850) 921-1600.

Mailing Address: Applicant Email Address:					
City:		State: Zip:			
Phone No:		Company Email Address:			
Company's LP Gas License #:		Company Name:			
Company Phone:		Company Address:			
Check One		Exam Type / Qualifier Renewal	Fee		
	Q1: Dealer Exam		\$20		
	Q2: Dispenser Exam				
	Q5: Service/Installation Exam				
	M1: Master Qualifier Exam: D	ealer Qualifier ID #	\$30		
	M5: Master Qualifier Exam: Ir	staller Qualifier ID#	\$30		
	Master Qualifier Renewa	al ID# Qualifier Renewal ID#	\$30 / \$20		
Please Choose an Examination Site: □ Tallahassee □ Tampa □ Pompano Beach □ Ocala (May only)					
F&A Use		Org Code: 42 10 06 25 0 EO: A2 Object Code: 001171			

MASTER QUALIFI position for a licens			OMPANY (Complete this section if you are applying for the Master Qualifier		
page 1 of this app	olication, a	and that I am t	n eligible to hold the position of Master Qualifier with the company listed on he (check one)owner,manager, supervisor, otherwise s and business activities of the licensed location or licensed applicant listed		
Signature of Applic	ant		Date		
First time Master Qualifier applicants must have been a registered qualifier for a minimum of three years preceding submission of this application.					
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.  NO YES  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	Course ID (if	COURSE TITLE		
Date of Training	Hours	applicable)	303K02 III22		
	1	1			