



NICOLE "NIKKI" FRIED
COMMISSIONER

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

Remit Payment Online at:
www.fl-ag-online.com
Check or Money Order payable to FDACS and remit with form to:

FDACS
Post Office Box 6700
Tallahassee, Florida 32314-6700

To schedule an examination, complete this form (print or type) and return to the above address with the examination fee or schedule online at www.fl-ag-online.com. **QUESTIONS SHOULD BE DIRECTED TO: LP Gas Program (850) 921-1600. If renewing your qualifier/master qualifier online go to freshfromflorida.com. Please attach proof of approved 16 continuing education hours. 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 Address:	

Check One	Exam Type / Qualifier Renewal	Fee
	Q1: Dealer Exam	\$20
	Q2: Dispenser Exam	\$20
	Q5: Service/Installation Exam	\$20
	M1: Master Qualifier Exam: Dealer Qualifier ID # _____	\$30
	M5: Master Qualifier Exam: Installer Qualifier ID# _____	\$30
	<input type="checkbox"/> Master Qualifier Renewal ID# _____ <input type="checkbox"/> Qualifier Renewal ID# _____	\$30 / \$20

Please Choose an Examination Site: Tallahassee Tampa Pompano Beach Ocala (May only)

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001171 \$20/\$30

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 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 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 Hours	Course ID (if applicable)	COURSE TITLE