



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

ADAM H. PUTNAM  
COMMISSIONER

**LIQUEFIED PETROLEUM GAS INSTALLER A (0803)  
LICENSE APPLICATION**

Sections 527.01(10), 527.02 and 527.04, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

Make Check or Money Order payable to FDACS and remit with form to:

FDACS  
P.O. Box 6700  
Tallahassee, Florida 32314-6700

**License Application Fee: \$300.00    Application Fee After March 1<sup>st</sup> and Before September 1<sup>st</sup>: \$150**

**INSTRUCTIONS**

**SCOPE OF LICENSE:** This license is required for any person, firm or corporation installing, servicing, modifying, altering or repairing LP gas and/or natural gas apparatus, piping, tubing, appliances, equipment and liquefied petroleum gas storage tanks, including the selling or leasing of said equipment, pursuant to Chapter 527, F.S.

**TO APPLY** for the Liquefied Petroleum Gas Installer A (0803) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the LP Gas Program at the address in the upper right-hand corner. **ALL LICENSES EXPIRE AUGUST 31ST EACH YEAR REGARDLESS OF DATE OF ISSUE.**

**PROOF OF INSURANCE MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE.** Pursuant to Section 527.04, F.S., minimum insurance of \$1,000,000 bodily injury liability and property damage liability covering the products and operations of the business is required. FDACS-03521, (02/14), Liquefied Petroleum Gas Insurance Affidavit (For All Licenses Except Category III Cylinder Exchange Operators), may be utilized to document proof of insurance; however, insurance company forms will also be accepted. A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance.

BUSINESS NAME (NAME TO BE PRINTED ON LICENSE):

Physical Address of Business (Address of location to be licensed):

City	County	State	Zip Code
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Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):
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COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):

Company Mailing Address:

City	County	State	Zip Code
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Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):
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Questions should be directed to:  
LP Gas Program (850) 921-1600

Org. Code: 42 10 11 01 000  
EO: A2  
Object Code: 002102

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:

THIS COMPANY IS A (circle one): Partnership Corporation Proprietorship Individual

IF A CORPORATION, INDICATE STATE OF INCORPORATION AND CHARTER NUMBER:

IF A CORPORATION, INDICATE NAME OF LEGAL REPRESENTATIVE OF RECORD:

IF A CORPORATION, LIST ALL CORPORATE OFFICERS (May attach separate list if needed):

1.

2.

3.

4.

**QUALIFIERS:** If your qualifier(s) will require the transfer of his/her qualifications from a previous company, a letter of transfer signed by that person must accompany this application. If you do not have a qualifier, but are scheduling an examination, complete the attached "Examination Scheduling Request" (FDACS-03504 Rev. 04/14) and return it along with this application (include the \$20.00 examination fee). **List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.**

NAME

EXAM CERTIFICATE NUMBER

1

2

3

4

**Master Qualifier:** The owner, manager or supervisor of this license applicant must be a Master Qualifier and must meet AND PROVIDE DOCUMENTATION verifying that he/she meets the following conditions of Florida Statutes:

1. Must show documentation of employment within the industry in the past 24 months.
2. Hold a current 803 qualification examination (ENCLOSE COPY OF EXAM DOCUMENTATION OR QUALIFIER CARD).
3. Must be the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed.

MASTER QUALIFIER NAME:

CERTIFICATE NUMBER:

DATE OF EXAMINATION:

**IMPORTANT: IF YOU REQUIRE EXAMINATION AS A MASTER QUALIFIER, PLEASE COMPLETE THE "EXAMINATION SCHEDULING REQUEST" (FDACS-03504 REV. 04/14) AND RETURN IT WITH THIS APPLICATION. IF YOU ARE TRANSFERRING A MASTER QUALIFIER FROM ANOTHER LOCATION, THE REQUEST MUST BE SUBMITTED IN WRITING BY THE MASTER QUALIFIER AND THE CURRENT CERTIFICATE MUST BE RETURNED FOR REISSUANCE IN THIS COMPANY'S NAME.**

**EMPLOYEE BACKGROUND CHECKS**

In addition to security background checks required for employees within the industry who handle hazardous materials, companies should also be conducting checks for other activities. Any employee of your company who, by reason of his employment, could have access to your customer's homes or businesses and who has:

- A felony conviction involving moral turpitude; or
- Has exhibited moral turpitude by reason of felony conviction and/or registration as a sexual predator

could be considered untrustworthy (Rule 5J-20.005, F.A.C.) and could expose your company to denial or revocation of your LP gas license and or qualification. The names and addresses of sexual predators can be verified through the internet or by contacting the Florida Department of Law Enforcement's toll free number at (1-888-FL-PREDATOR) or (1-888-357-7332). Background checks of your employees to determine suitability for employment are your responsibility and failure to do so could cause loss of your license and expose your company to legal liability.

I have read and understand the above statement.

Signature of Applicant: \_\_\_\_\_

**PROOF OF INSURANCE: HAVE YOU INCLUDED PROOF OF MINIMUM INSURANCE AS INDICATED IN THE INSTRUCTIONS SECTION ON PAGE 1 OF THIS APPLICATION?** NOTE: A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance. *Ref. s. 527.04, F.S.*

**PRINT NAME OF OWNER OR MANAGER:**

**SIGNATURE OF OWNER OR MANAGER:**

**TITLE OR OFFICE HELD:**

**DATE OF APPLICATION:**

**FOR DIVISION USE ONLY**

**REVIEWED BY:** \_\_\_\_\_

**DATE APPLICATION COMPLETE & LICENSE ISSUED:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**SITE PLANS & INSPECTION:** \_\_\_\_\_

**DATE LICENSE MAILED:** \_\_\_\_\_