



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

ADAM H. PUTNAM  
COMMISSIONER

**PIPELINE SYSTEM OPERATOR (0804)  
LICENSE APPLICATION**

Sections 527.01(18), 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 Equals Number of Jurisdictional Systems x \$100  
(Not to exceed \$400 per License Year per s. 527.02(5), F.S.)**

**Number of Systems:** \_\_\_\_\_ **x \$100 = Amount Due:** \_\_\_\_\_

**INSTRUCTIONS**

**SCOPE OF LICENSE:** This license is required for any person, firm or corporation operating one or more liquefied petroleum gas pipeline systems as defined under Section 527.01(18), Florida Statutes.

**TO APPLY** for the Pipeline System Operator (0804) 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. **CALCULATE YOUR FEE IN THE SPACE ABOVE. 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	
5	

**LIST NAMES & ADDRESSES OF SYSTEMS (USE A SEPARATE SHEET IF NECESSARY):**

1

2

3

4

5

**PRINT NAME OF OWNER OR MANAGER:**

**SIGNATURE OF OWNER OR MANAGER:**

**TITLE OR OFFICE HELD:**

**DATE OF APPLICATION:**

<b>FOR DIVISION USE ONLY</b>	REVIEWED BY: _____
DATE PACKAGE COMPLETE & LICENSE ISSUED: _____	REVIEWED BY: _____
SITE PLANS & INSPECTION: _____	DATE LICENSE MAILED: _____