

Florida Department of Agriculture and Consumer Services Division of Consumer Services

MASTER QUALIFIER DECLARATION OF ELIGIBILITY

Section 527.0201, Florida Statutes Rule 5J-20.004, Florida Administrative Code Return to:

LP Gas Program Attention: Training Section 2005 Apalachee Parkway Mail Stop R-8 Tallahassee, FL 32399-6500

Direct questions to: LP Gas Program Phone: (850) 921-1600 Fax: (850) 410-3804

This form is submitted as documentation of the following individual's eligibility for application as an active or inactive Master Qualifier for a licensed LP gas company, pursuant to Chapter 527, Florida Statutes:

APPLICANT INFORMATION			
Name:			
Mailing Address (including zip code):			
Phone Number (including area code):			Fax Number:
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Applicant's Qualification Identification Number (if available):			Email Address(if any):
ATTACH COPY OF APPLICANT'S QUALIFIER CERTIFICATE			
EMPLOYER INFORMATION			
Employer/Company Name:			
Mailing Address (including zip code):			
License Number:	If not licensed, date of application:		E-mail Address (if any):
Phone Number (including area code):		Fax	Number (including area code):
COMPLETE ONE OF THE FOLLOWING SECTIONS:			
SECTION 1 – 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 above, 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
Pursuant to Section 837.05, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes. Falsification of information may result in the revocation of your Master Qualifier status, and/or fines.			
SECTION 2 – INACTIVE MASTER QUALIFIER (Complete this section if you are applying for [or have already taken] the			
Master Qualifier examination and are not currently the designated Master Qualifier for a licensed company).			
I am not currently the designated Master Qualifier for a licensed company, but wish to maintain my master qualification on inactive status. I understand that I am responsible for notifying the LP Gas Program of any change in my mailing address.			
Signature of Applicant			Date