



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

LP GAS INSTALLERS (0603, 0605, 0606)
LICENSE RENEWAL APPLICATION

Section 527.02, Florida Statutes
Rule 5J-20.004, Florida Administrative Code

Remit Payment Online at:
www.fl-ag-online.com

- or -

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

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

MAILING ADDRESS:

LOCATION ADDRESS OF LICENSEE:

NOTE ADDRESS CHANGES BELOW:

NOTE ADDRESS CHANGES BELOW:

License Number: _____ Renewal Application Fee Due \$200.00 Renewal Fee Due After August 31st: \$300.00

License Type/Class: _____

FEDERAL EMPLOYER'S TAX IDENTIFICATION NUMBER: _____

PRINT NAME OF OWNER AT THIS LOCATION: _____

PRINT NAME OF MANAGER IF DIFFERENT: _____

PHONE NUMBER: (____)____-____ FAX NUMBER: (____)____-____
(NOTE ANY CHANGES)

PRINT NAME OF PERSON COMPLETING THIS FORM: _____

TITLE OR OFFICE HELD: _____

HAS THERE BEEN A CHANGE OF OWNERSHIP AT THIS LOCATION DURING PREVIOUS 12 MONTHS? YES _____ NO _____

HOW MANY EMPLOYEES ARE INVOLVED IN THE INSTALLATION, REPAIR, MAINTENANCE OR SERVICE OF LP GAS APPLIANCES, EQUIPMENT OR SYSTEMS? ____

IMPORTANT: This form must be completed and all information provided. Failure to provide information may result in delayed or denied renewal. Make sure all attachments are verified relating to qualifiers and insurance. **(Note: Proof of renewed insurance coverage must be submitted if your current policy will expire while this application is pending.)** 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.

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE OF APPLICATION

FOR DIVISION USE ONLY:

DATE REVIEWED & RENEWED: _____

MAILED BY: _____

Questions should be directed to:
LP Gas Program (850) 921-1600

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

QUALIFIERS

License ID:

Company Name:

The following employees are currently on file with your company as qualifiers. Please verify this information, make any necessary changes or additions, line out those no longer employed and **return with your license renewal**. Use additional pages if necessary.

| Qualifier Name | Qualifier ID | Type/Class | Status |
|----------------|--------------|------------|--------|
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SIGNATURE OF PERSON COMPLETING THIS FORM