



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture & Consumer Services  
Division of Consumer Services

**QUALIFIER/MASTER QUALIFIER POSITION LOCATION  
TRANSFER REQUEST**

Section 527.0201(8), Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

**Note: Form must be fully completed and signed for processing. Upon completion, please fax to (850) 921-1612, or mail to LP Gas Program, 2005 Apalachee Parkway, Mail Stop R-8, Tallahassee, FL 32399-6500.**

Pursuant to Section 527.0201(8), Florida Statutes, request is hereby made and notification given of a transfer of my qualifier/master qualifier position location in accordance with the following:

Qualifier Type/Category:	Qualifier/Certificate Identification No. (if available):
Name on Qualifier Certificate:	Email Address:
Daytime Telephone:	Fax Number:

**TRANSFER FROM**

Licensed Company Name:
Address:
City/State/Zip:
Company License Number:

**TRANSFER TO**

Licensed Company Name:
Address:
City/State/Zip:
Company License Number:

EFFECTIVE DATE OF TRANSFER:

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Qualifier Signature:	Date:
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