



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LIQUEFIED PETROLEUM GAS INSTALLER F (0406)
LICENSE APPLICATION**

Sections 527.01(11), 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 1st and Before September 1st: \$150

INSTRUCTIONS

SCOPE OF LICENSE: This license is required for any person, firm, or corporation engaged in the installation, service, repair, altering, or modification of a propane-powered generator, or piping or tubing to convey liquefied petroleum gas to the generator, or selling or offering to sell such generators, pursuant to Chapter 527, F.S.

TO APPLY for the Liquefied Petroleum Gas Installer F (0406) 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 qualification 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 correct 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	
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.	

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: _____

PRINT NAME OF OWNER OR MANAGER:	
SIGNATURE OF OWNER OR MANAGER:	
TITLE OR OFFICE HELD:	DATE OF APPLICATION:
FOR DIVISION USE ONLY	
DATE PACKAGE COMPLETE & LICENSE ISSUED: _____	REVIEWED BY: _____
REVIEWED BY: _____	DATE LICENSE MAILED: _____