



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY VI
MISCELLANEOUS OPERATOR LICENSE APPLICATION**

NICOLE "NIKKI" FRIED
COMMISSIONER

Chapter 527, 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

Select one: ___ 1 year license (\$200) ___ 2 year license (\$400) ___ 3 year license (\$600)

TO APPLY: Fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the Bureau of Compliance [(850) 921-1600] at the address in the upper right-hand corner.

APPLICATION IS HEREBY MADE FOR THE FOLLOWING LP GAS LICENSE (SELECT ONE):

- | | |
|--|--|
| <input type="checkbox"/> Manufacturer of LP Gas Appliances and Equipment | <input type="checkbox"/> Pipeline System Operator (Please attach names and addresses of systems on a separate sheet) |
| <input type="checkbox"/> Requalifier of Cylinders | <input type="checkbox"/> Fabricator, Repairer and Tester of Vehicles and Cargo Tanks |

Business Name or DBA (Name to be printed on license):

Physical Address (Address of business to be licensed):

Mailing Address (if different):

City, State, Zip, County:

City, State, Zip, County:

Telephone:
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Email Address:

Company Name or Corporation:

Company Mailing Address:

City, State, Zip:

Has the owner/applicant been convicted or pled nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C., within the last five years? NO YES If yes, please explain.

PRINT NAME OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

SIGNATURE OF OWNER/APPLICANT:

PREPARER'S PHONE NO:

PREPARER'S EMAIL ADDRESS:

DATE OF APPLICATION:

PREPARER'S TITLE OR OFFICE HELD:

PROOF OF INSURANCE OR BOND 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. A \$1,000,000 surety bond may be submitted in lieu of the required proof of insurance.

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 002102