



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LP GAS CATEGORY III  
CYLINDER EXCHANGE 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:  Initial Application  License Renewal LX # \_\_\_\_\_  
Select one:  1-year license (\$65 each)  2-year license (\$130 each)  3-year license (\$195 each)

**INSTRUCTIONS:** Complete this form (**PRINT OR TYPE**), and return it with all attachments and license fee(s) to the Bureau of Compliance (850) 921-1600 at the address in the upper right-hand corner. If renewing one or more licenses, verify and update prepopulated information as necessary.

<b>Business Name or DBA</b> ( <i>Name to be printed on license</i> ):	<b>Federal Employer ID Number</b> ( <i>FEIN</i> ):
<b>Physical Address</b> ( <i>Address of business to be licensed</i> ):	<b>Mailing Address</b> ( <i>if different</i> ):
<b>City, State, Zip, County:</b>	<b>City, State, Zip, County:</b>
<b>Telephone:</b> (    )	<b>Email Address:</b>
<b>Company Name or Corporation:</b>	<b>Company Mailing Address:</b>
	<b>City, State, Zip:</b>
<b>Gas Supplier Company Name and Address:</b> <b>Name:</b> <b>Address:</b>	<b>Gas Supplier License #:</b>
	<b>Gas Supplier Phone #:</b> (    )

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 attach additional pages and explain.

<b>PRINT NAME OF OWNER/APPLICANT:</b>	<b>NAME OF PERSON PREPARING APPLICATION:</b>	
<b>SIGNATURE OF OWNER/APPLICANT:</b>	<b>PREPARER'S PHONE NO:</b> (    )	<b>PREPARER'S EMAIL ADDRESS:</b>
	<b>DATE OF APPLICATION:</b>	
<b>PREPARER'S TITLE OR OFFICE HELD:</b>		

**Proof of Insurance or Bond must be enclosed with this application. Minimum insurance of \$300,000 bodily injury liability and property damage liability is required. A \$300,000 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