



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**CATEGORY I LIQUEFIED PETROLEUM GAS  
DEALER (0601)  
LICENSE RENEWAL APPLICATION**

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

Remit Payment Online at:  
[www.fl-ag-online.com](http://www.fl-ag-online.com)

- or -

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

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

MAILING ADDRESS:

LOCATION ADDRESS OF LICENSEE:

NOTE ADDRESS CHANGES BELOW:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Number: \_\_\_\_\_ Renewal Application Fee Due \$425.00 Renewal Fee Due After August 31<sup>st</sup>: \$525.00

License Type/Class: 0601 – CATEGORY I LIQUEFIED PETROLEUM GAS DEALER

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 denied renewal. Make sure all attachments are verified relating to qualifiers, trucks, minimum storage 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 837.50, 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

## **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
- \* 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: \_\_\_\_\_

## 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	Expiration Date

### NAME AND CERTIFICATE NUMBER OF MASTER QUALIFIER:

(NOTE: MASTER QUALIFIERS CANNOT QUALIFY MORE THAN ONE LICENSED LOCATION.)

The Master Qualifier for this location is:

Name

ID

\_\_\_\_\_  
(Note any change)

By signature below, I certify that this person is the manager, owner or primarily responsible for overseeing the operations of this location.

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS FORM