



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**MANUFACTURER OF LIQUEFIED PETROLEUM GAS  
APPLIANCES AND EQUIPMENT (0402)  
LICENSE APPLICATION**

Sections 527.01(13), 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. 6700  
Tallahassee, Florida 32314-6700

License Application Fee: \$525.00

Application Fee After March 1<sup>st</sup> and Before September 1<sup>st</sup>: \$262.50

**INSTRUCTIONS**

**TO APPLY** for the Manufacturer of Liquefied Petroleum Gas Appliances and Equipment (0402) 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 THE 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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**FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:**

**THIS COMPANY IS A** (circle one): Partnership Corporation Proprietorship Individual Other \_\_\_\_\_

Questions should be directed to:  
LP Gas Program (850) 921-1600

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

**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.

**PROOF OF INSURANCE:** HAVE YOU INCLUDED MINIMUM INSURANCE COVERAGE 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.*

**PRINT NAME OF OWNER OR MANAGER:**

**SIGNATURE OF OWNER OR MANAGER:**

**TITLE OR OFFICE HELD:**

**DATE OF APPLICATION:**

**FOR DIVISION USE ONLY**

**REVIEWED BY:** \_\_\_\_\_

**DATE APPLICATION COMPLETE  
& LICENSE ISSUED:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**SITE PLANS &  
INSPECTION:** \_\_\_\_\_

**DATE LICENSE  
MAILED:** \_\_\_\_\_