



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Bureau of Liquefied Petroleum Gas Inspection

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

Sections 527.01(13), 527.02, and 527.04, Florida Statutes
Rule 5F-11.004, 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 1st and Before September 1st: \$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 Bureau of LP Gas Inspection 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
------	--------	-------	----------

Telephone: Area Code ()	Fax: Area Code ()	Email Address (if any):
-----------------------------	-----------------------	-------------------------

COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):

Company Mailing Address:

City	County	State	Zip Code
------	--------	-------	----------

Telephone: Area Code ()	Fax: Area Code ()	Email Address (if any):
-----------------------------	-----------------------	-------------------------

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:

THIS COMPANY IS A (circle one): Partnership Corporation Proprietorship Individual Other _____

Questions should be directed to:
Bureau of LP Gas Inspection (850) 921-1600

Org. Code: 42 10 11 01 000
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 BUREAU USE ONLY

REVIEWED BY: _____

**DATE APPLICATION COMPLETE
& LICENSE ISSUED:** _____

REVIEWED BY: _____

**SITE PLANS &
INSPECTION:** _____

**DATE LICENSE
MAILED:** _____