



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

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

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

ADAM H. PUTNAM  
COMMISSIONER

**REQUALIFIER OF CYLINDERS (0409)  
LICENSE APPLICATION**

Sections 527.01(15), 527.02 and 527.04, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

**License Application Fee: \$525.00**

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

**INSTRUCTIONS**

**SCOPE OF LICENSE:** The Requalifier of Cylinders (0409) license is required for any person, firm or corporation, retesting, repairing, qualifying or requalifying US DOT (ICC) specification tanks or cylinders pursuant to Chapter 527, Florida Statutes.

**TO APPLY** for the Requalifier of Cylinders (0409) 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 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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Questions should be directed to:  
LP Gas Program (850) 921-1600

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

**FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:**

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

**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.

**QUALIFIERS:** If your qualifier(s) will require the transfer of his/her qualifications from a previous company, a letter of transfer signed by that person must accompany this application. If you do not have a qualifier, but are scheduling an examination, complete the attached "Examination Scheduling Request" (FDACS-03504 Rev. 04/14) and return it along with this application (include the \$20.00 examination fee). **List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.**

**NAME**

**EXAM CERTIFICATE NUMBER**

1

2

3

4

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

**SIGNATURE OF OWNER OR MANAGER:**

**TITLE OR OFFICE HELD:**

**DATE OF APPLICATION:**

**FOR DIVISION USE ONLY**

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

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

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

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