



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

LP GAS INSTALLERS (0603, 0605, 0606)  
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, Florida 32314-6700

MAILING ADDRESS:

LOCATION ADDRESS OF LICENSEE:

NOTE ADDRESS CHANGES BELOW:

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

NOTE ADDRESS CHANGES BELOW:

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

License Number: \_\_\_\_\_ Renewal Application Fee Due \$200.00 Renewal Fee Due After August 31<sup>st</sup>: \$300.00

License Type/Class: \_\_\_\_\_

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 delayed or denied renewal. Make sure all attachments are verified relating to qualifiers 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 837.05, 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 06 25 000  
EO: A2  
Object Code: 002102

## 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

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