



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**QUALIFIER  
LP GAS INSTALLER (0803)  
RENEWAL APPLICATION**

Section 527.0201, 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

|                          |                                  |
|--------------------------|----------------------------------|
| <b>0803 Fee: \$20.00</b> | <b>Total Amount Due: \$20.00</b> |
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**INSTRUCTIONS**

TO RENEW your Qualifier Certification, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, INCLUDING THE RENEWAL FEE SHOWN ABOVE, to the LP Gas Program at the address in the upper right-hand corner.

EVIDENCE OF CONTINUING EDUCATION MUST BE DOCUMENTED ON THE ATTACHED FORM AND RETURNED WITH YOUR APPLICATION AND FEE. Please list all continuing education hours on this form where provided. Any CEU's reported to our office have been recorded and should appear on this list. Continuing education must meet the requirements of Rule 5J-20.062, Florida Administrative Code, must be 16 hours minimum for the past 3 year period, and must include a minimum of two hours in one of the following topics: Inspections and Maintenance of LP gas facilities and equipment; State and Federal LP gas laws, rules, regulations, codes, and standards; or Gas Emergency Procedures, Fire Protection or Risk Management Planning.

|                                      |                     |                  |
|--------------------------------------|---------------------|------------------|
| QUALIFIER NAME:                      | EMAIL ADDRESS:      | CERTIFICATE NO.: |
| MAILING ADDRESS OF QUALIFIER:        |                     |                  |
| Street:                              | City:               | State: Zip Code: |
| NAME OF COMPANY/EMPLOYER:            | LICENSE NO.:        |                  |
| MAILING ADDRESS OF COMPANY/EMPLOYER: |                     |                  |
| Street:                              | City:               | State: Zip Code: |
| COUNTY NAME:                         | TELEPHONE NO. ( ) - |                  |

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Questions should be directed to:**

LP Gas Program  
(850) 921-1600

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| Org. Code: 42 10 11 01 000<br>EO: A2<br>Object Code: 001171 |
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# DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL

CERTIFICATE #:

NAME:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Date of Training | Total Hours | Course Id | Course Title | For Bureau Use Only |
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