



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

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 5F-11.004, Florida Administrative Code

License Application Fee: \$525.00

Application Fee After March 1st and Before September 1st: \$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 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 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:
 The Bureau of LP Gas Inspection (850) 921-1600

Org Code: 42 10 11 01 000
 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 BUREAU USE ONLY

DATE APPLICATION COMPLETE & LICENSE ISSUED: _____

REVIEWED BY: _____

REVIEWED BY: _____

DATE LICENSE MAILED: _____