

ADAM H. PUTNAM COMMISSIONER Florida Department of Agriculture and Consumer Services Division of Consumer Services Bureau of Liquefied Petroleum Gas Inspection

QUALIFIER / MASTER QUALIFIER LP GAS DEALER (0601) RENEWAL APPLICATION

Section 527.0201 and 527.03, Florida Statutes Rule 5F-11.004, Florida Administrative Code

Remit Payment Online at: <u>www.fl-ag-online.com</u>

- or -

Check or Money Order Payable to FDACS and remit with form to:

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

Total Amount Due: \$50.00

0601 Fee: \$20.00 0700 Fee: \$30.00

INSTRUCTIONS

TO RENEW your Master Qualifier or Qualifier status, fill this form out completely **(PRINT OR TYPE)** and return both pages with THE RENEWAL FEE SHOWN ABOVE, to the Bureau of LP Gas Inspection at the address in the upper right-hand corner.

EVIDENCE OF CONTINUING EDUCATION MUST BE DOCUMENTED ON PAGE TWO OF THIS APPLICATION. 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 5F-11.062, 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/or 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 / MASTER QUALIFIER NAME:	EMAIL ADDRESS:		CERTIFICA	TE NO.:
MAILING ADDRESS OF QUALIFIER / MASTER QUALIFI	ER:			
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	D.: ()	-

APPLICANT SIGNATURE

DATE

Questions should be directed to:

Bureau of LP Gas Inspection (850) 921-1600

Org. Code: 42 10 11 01 000 EO: A2 Object Code: 001171	

DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL

CERTIFICAT	E #:	NA	ME:		DATE:_	/ /
Date of Training	Total Hours	Course Id		Course Title		For Bureau Use Only