



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY V
INSTALLER LICENSE APPLICATION**

Chapter 527, Florida Statutes
Rule 5J-20.004, Florida Administrative Code

**NICOLE "NIKKI" FRIED
COMMISSIONER**

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

FDACS
PO Box 6700
Tallahassee, Florida 32314-6700

Select one: ___ 1 year license (\$200) ___ 2 year license (\$400) ___ 3 year license (\$600)

TO APPLY: Fill this form out completely and return it with all attachments, including the license application fee, to the Bureau of Compliance [(850)921-1600] at the address in the upper right-hand corner.

Business Name or DBA (Name to be printed on license):	Company Name or Corporation:
Physical Address (Address of business to be licensed):	Company Mailing Address (if different):
City, State, Zip, County	City, State, Zip, County:
Telephone: ()	Email Address:

PROOF OF INSURANCE OR BOND 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. A \$1,000,000 surety bond may be submitted in lieu of the required proof of insurance.

F&A Use Only

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

QUALIFIERS: List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary. A separate qualifier is required for every 10 employees.

Indicate number of employees at this location: _____

NAME	CERTIFICATE NUMBER
1.	
2.	
3.	

MASTER QUALIFIER: Must function as the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed.

I HAVE READ THE ABOVE STATEMENT AND VERIFY THAT I MEET THE ABOVE MASTER QUALIFIER CONDITIONS.

Signature of Master Qualifier: _____

Master Qualifier Name:	Certificate Number:	Date of expiration:
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Has the owner/applicant been convicted or pled nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C., within the last five years? If yes, please explain.

NO YES _____

PRINT NAME OF OWNER/APPLICANT:

SIGNATURE OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

PREPARER'S PHONE NO:	PREPARER'S EMAIL ADDRESS:
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DATE OF APPLICATION:	PREPARER'S TITLE OR OFFICE HELD:
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