



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**CATEGORY III LIQUEFIED PETROLEUM GAS  
CYLINDER EXCHANGE OPERATOR (0404)  
LICENSE APPLICATION**

Sections 527.01(8), 527.02 and 527.04, Florida Statutes  
Rule 5J-20.004 Florida Administrative Code

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

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

License Application Fee: \$100

Application Fee After October 1st and Before April 1st: \$50

**INSTRUCTIONS**

**TO APPLY** for the Category III LP Gas Cylinder Exchange Operator (0404) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the LP Gas Program at the address in the upper right-hand corner. (**See above dates for correct fee as required by s. 527.02, F.S.**)

**PROOF OF INSURANCE MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE.** Pursuant to Section 527.04, F.S., a primary policy of bodily injury liability and property damage liability insurance covering the products and operations of the business, **for an amount of not less than \$300,000 must be submitted along with this application. This policy must be issued by an insurer authorized to do business in the State of Florida.** Proof of insurance may be provided on an insurance company certificate, or by using FDACS-03520, (04/14), Liquefied Petroleum Gas Insurance Affidavit Category III LP Gas Cylinder Exchange Operator. A \$300,000 surety bond may be submitted in lieu of the required proof of insurance, made payable to the Governor, with the applicant as principal and a surety company authorized to do business in Florida as surety.

BUSINESS NAME (NAME TO BE PRINTED ON THE LICENSE):

Physical Address of Business (Address of location to be licensed):

City County State Zip Code

Telephone: Fax: Email Address (if any):  
Area Code ( ) Area Code ( )

COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):

Company Mailing Address:

City County State Zip Code

Telephone: Fax: Email Address (if any):  
Area Code ( ) Area Code ( )

**FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:**

**THIS COMPANY IS A (circle one):**

Partnership Corporation Sole Proprietorship Individual Limited Partnership  
Limited Liability Company (LLC) Limited Liability Partnership (LLP) Other (specify)

Questions should be directed to:  
LP Gas Program (850) 921-1600

Org. Code: 42 10 11 01 000  
EO: A2  
Object Code: 002102

**IF A CORPORATION, SHOW NAME OF LEGAL REPRESENTATIVE OF RECORD:**

**IF APPLICANT IS DOING BUSINESS UNDER A FICTITIOUS NAME, COMPLETE THE FOLLOWING INFORMATION:**

**NAME OF PERSON(S) OPERATING BUSINESS:**

Address:

City

State/Zip Code

Telephone:

Area Code ( ) -

Fax:

Area Code ( ) -

**GAS SUPPLIER NAME:**

**LICENSE NUMBER:**

**GAS SUPPLIER ADDRESS:**

**CITY**

**STATE/ZIPCODE**

**(1) THE ABOVE NAMED GAS SUPPLIER IS AUTHORIZED TO ACT AS LICENSING AGENT FOR THE PURPOSE OF ISSUANCE OF INITIAL LICENSURE FOR THIS LICENSED LOCATION. (YOU MUST CHECK ONE).**

**YES**

**NO**

**IF YOU ANSWERED "YES" – GAS SUPPLIER/LICENSING AGENT MUST SIGN AND PRINT NAME BELOW ACKNOWLEDGING THIS RESPONSIBILITY**

SIGNATURE OF AUTHORIZED GAS SUPPLIER REPRESENTATIVE

PRINTED NAME OF AUTHORIZED GAS SUPPLIER REPRESENTATIVE:

**(2) THE ABOVE NAMED GAS SUPPLIER IS AUTHORIZED TO ACT AS LICENSING AGENT FOR THIS LICENSED LOCATION FOR THE PURPOSE OF RENEWING THIS LICENSE ON AN ANNUAL BASIS (YOU MUST CHECK ONE).**

**YES**

**NO**

**IF YOU ANSWERED "YES" – GAS SUPPLIER/LICENSING AGENT MUST SIGN AND PRINT NAME BELOW ACKNOWLEDGING THIS RESPONSIBILITY**

SIGNATURE OF AUTHORIZED GAS SUPPLIER REPRESENTATIVE

PRINTED NAME OF AUTHORIZED GAS SUPPLIER REPRESENTATIVE:

**As the license applicant or the license applicant's representative, I have reviewed the information on this application, found it to be correct and acknowledge that the entity granted a liquefied petroleum gas license pursuant to this application is responsible for compliance with all Florida laws, rules and regulations governing this licensed location including license renewal. If, however, box 2 is checked "YES", the supplier will be held responsible for the renewal of the license.**

SIGNATURE OF LICENSE APPLICANT OWNER OR MANAGER:

PRINT NAME OF OWNER OR MANAGER:

TITLE OR OFFICE HELD:

DATE OF APPLICATION:

MAILING ADDRESS (IF DIFFERENT FROM LICENSED LOCATION)

CITY/STATE/ZIP

**FOR DIVISION USE ONLY**

**REVIEWED BY:** \_\_\_\_\_

**DATE APPLICATION COMPLETE & LICENSE ISSUED:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**SITE PLANS & INSPECTION:** \_\_\_\_\_

**DATE LICENSE MAILED:** \_\_\_\_\_