



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

ADAM H. PUTNAM  
COMMISSIONER

**CATEGORY III LP GAS CYLINDER EXCHANGE  
OPERATOR (0404) LICENSE  
RENEWAL COUPON**

Section 527.02 and 527.03, 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 to:

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

Licensee Name  
Licensee Address  
Licensee Address

<u>License Year</u>	<u>Type/Class</u>	<u>License Fee</u>	<u>Fee after March 31<sup>st</sup></u>
2XXX / 2XXX	0404	\$65.00	\$100.00
License Description: CATEGORY III LP GAS CYLINDER EXCHANGE OPERATOR			

MAILING ADDRESS FOR LICENSE NUMBER: \_\_\_\_\_ LOCATION ADDRESS

FEIN:  
EMAIL:

PHONE:  
FAX:

**Carefully detach the coupon (bottom Portion) and remit with your payment.**

FDACS-03536 Rev. 02/14 **DO NOT FOLD, STAPLE, OR ATTACH PAPERCLIPS, SELF-STICKING NOTES OR TAPE TO THE COUPON**

Please use the reverse side of this coupon to provide any  
new or corrected mailing or location address information.  
Make sure insurance documentation is enclosed if not provided by your supplier.

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

2XXX / 2XXX License Renewal for license number:

Total due: \$65.00 After March 31<sup>st</sup>: \$100.00

Florida Department of Agriculture and Consumer Services  
PO Box 6700  
Tallahassee, Florida 32314-6700

FDACS-03536 Rev. 02/14

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# IMPORTANT

**YOUR CATEGORY III LP GAS CYLINDER EXCHANGE OPERATOR LICENSE EXPIRES MARCH 31<sup>ST</sup>!**

You have two options for renewing your license, online or by mail. The online system allows you to renew with a credit card. It is quick and guarantees that you will have your license within a few days of renewing.

**NOTE:** If you choose to renew by mail, please allow a minimum of 3 weeks for processing and issuance of your license.

## TO RENEW ONLINE:

Have the following information available and log on to: <https://www.fl-ag-online.com/customer/f05home.aspx>

- Current License Number
- Your Visa, Master Card, or American Express

Once you have accessed the website, you will create an account and log on to the online renewal system.

## TO RENEW BY MAIL:

Read this packet thoroughly. Complete and return the coupon at the bottom of this form along with the license fee of **\$65.00** – make checks payable to Florida Department of Agriculture and Consumer Services or FDACS. **If your supplier does not provide insurance for you, please send a Certificate of Insurance along with the coupon.**

## OWNERSHIP CHANGE:

**If there has been a change of ownership at your location you must cease all operations until the license has been transferred.** This will require a written license transfer authorization from the previous owner. After the transfer, the license can be renewed. Do not send this coupon until the license has been transferred. Questions? Contact us at (850) 921-1600.

**Any location found operating without a valid license after March 31<sup>st</sup> will be subject to penalties as provided for in Rule 5J-20.080, F.A.C.**

By submission of this form, I certify that all information on this form or entered below is true and correct. Pursuant to s.837.05, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes. License number:

HAS THERE BEEN AN OWNERSHIP CHANGE AT THIS LOCATION?  Yes  No  
**DO NOT SUBMIT IF THERE IS AN OWNERSHIP CHANGE AND LICENSE HAS NOT BEEN TRANSFERRED.**  
CALL (850) 921-1600 FOR TRANSFER REQUIREMENTS.

Do not write in this box

### **Corrected Mailing Address** (If applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FEIN: \_\_\_\_\_

### **Corrected Location Address** (If applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
e-mail: \_\_\_\_\_