



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY III
CYLINDER EXCHANGE OPERATOR
LICENSE APPLICATION**

Chapter 527, Florida Statutes
Rule 5J-20.004, Florida Administrative Code
cscompliance@FDACS.gov

Submit Online at
www.FDACS.gov

or

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

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

Select one: ☐ Initial Application ☐ License Renewal LX # _____
Select one: ☐ 1-year license (\$65 each) ☐ 2-year license (\$130 each) ☐ 3-year license (\$195 each)

INSTRUCTIONS: Complete this form (**PRINT OR TYPE**) and return it with all attachments and license fee(s) to the Bureau of Compliance at the address in the upper right-hand corner. Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 527.02(4)(b), (c), F.S., and rule 5J-20.004, Florida Administrative Code, for eligibility requirements.

Legal Name of Business:	Business Name or DBA (Name to be printed on license):
Mailing Address:	Physical Address (Address of business to be licensed):
City, State, Zip, County:	City, State, Zip, County:
Email Address (required):	Phone: ()
Website:	Has there been a change of ownership? ☐ Yes ☐ No
Business Type: ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Other	
Federal Employer ID Number (FEIN):	
Gas Supplier Company Name and Address:	Gas Supplier License #:
Name:	
Address:	Gas Supplier Phone #: ()
	Gas Supplier Email Address:
Supplier Representative Name:	

F&A Use Only

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

Proof of Insurance or Bond must be enclosed with this application. Minimum insurance of \$300,000 bodily injury liability and property damage liability is required. A \$300,000 surety bond may be submitted in lieu of the required proof of insurance. Note: The certificate holder must be listed as FDACS.

Has the owner/applicant been convicted of or pled guilty or nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C.? If yes, please attach additional pages and explain.

☐ NO ☐ YES

PRINT NAME OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

SIGNATURE OF OWNER/APPLICANT:

PREPARER'S PHONE NO:

PREPARER'S EMAIL ADDRESS:

PREPARER'S TITLE OR OFFICE HELD:

DATE OF APPLICATION: