



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LP GAS CATEGORY VI  
MISCELLANEOUS OPERATOR LICENSE APPLICATION**

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

Submit Online at  
[www.FDACS.gov](http://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: \_\_\_\_ 1 year license (\$200) \_\_\_\_ 2 year license (\$400) \_\_\_\_ 3 year license (\$600)

**TO APPLY:** Fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, 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.

**APPLICATION IS HEREBY MADE FOR THE FOLLOWING LP GAS LICENSE (SELECT ONE):**

- |                                                                          |                                                                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Manufacturer of LP Gas Appliances and Equipment | <input type="checkbox"/> Pipeline System Operator (Please attach names and addresses of systems on a separate sheet) |
| <input type="checkbox"/> Requalifier of Cylinders                        | <input type="checkbox"/> Fabricator, Repairer and Tester of Vehicles and Cargo Tanks                                 |

|                           |                                                                                                |
|---------------------------|------------------------------------------------------------------------------------------------|
| 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 in ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Business Type:** ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Other

**Federal Employee ID Number (FEIN):**

**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. **Note: The certificate holder must be listed as FDACS.**

F&A Use Only

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

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 explain. ☐ NO ☐ YES

PRINT NAME OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

SIGNATURE OF OWNER/APPLICANT:

PREPARER'S TITLE OR OFFICE HELD:

PREPARER'S EMAIL ADDRESS:

PREPARER'S PHONE NO:

DATE OF APPLICATION: