WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

LP GAS QUALIFIER AND MASTER QUALIFIER REGISTRATION APPLICATION

Sections 527.02 and 527.0201, Florida Statutes
Rule 5J-20.004, Florida Administrative Code
cscompliance@FDACS.gov

Remit Payment Online at:
www.FDACS.gov
or
Check or Money Order payable to FDACS and remit with form to:
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PO Box 6700
Tallahassee, Florida 32314-6700

To schedule an examination, complete this form (print or type) and return to the above address with the examination fee or schedule your exam online at www.FDACS.gov. **If renewing your qualifier or master qualifier certification online, please go to www.FDACS.gov (renewals only). PLEASE NOTE: Proof of approved 16 continuing education hours must be included. The examination must be completed within 90 days after the application has been accepted by the department.**

Name: First	**Middle:**	**Last:**
Mailing Address:	**Applicant Email Address (required):**	
City:	**State:**	**Zip:**
Phone No:	**Company Email Address:**	
Company's LP Gas License #:	**Legal Name of Business:**	
Company Phone:	**Company Address:**	

Check One	Exam Type / Qualifier Renewal	Fee
	Q1: Dealer Exam	$20
	Q1-R.V.: R.V. Dealer Exam	$20
	Q2: Dispenser Exam	$20
	Q5: Service/Installation Exam	$20
	M1: Master Qualifier Exam: Dealer **Qualifier ID #**_____	$30
	M1-R.V.: Master Qualifier Exam: R.V. Dealer **Qualifier ID #**_____	$30
	M5: Master Qualifier Exam: Installer **Qualifier ID#**_____	$30
	☐ Master Qualifier Renewal **ID#** _____ ☐ Qualifier Renewal **ID#** _____	$30 / $20

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001171 $20/$30

PLEASE CHOOSE AN EXAMINATION SITE:

☐ **Tallahassee** ☐ **Ocala (Yearly FPGA Safety School)** ☐ **Authorized Agent (statewide third party testing provider)**

MASTER QUALIFIER FOR A LICENSED COMPANY
(Complete this section if you are applying for the Master Qualifier position for a licensed company).

This form is submitted as evidence that I am eligible to hold the position of Master Qualifier with the company listed on page 1 of this application, and that I am the (check one) ____owner,____manager,____ supervisor,____ otherwise primarily responsible party for the operations and business activities of the licensed location or licensed applicant listed above. **Note: a person may not act as a master qualifier for more than one license.**

_____ _____
Signature of Applicant Date

Category I and Category V Qualifier applicants must have a minimum of one year of verifiable experience in the liquefied petroleum gas industry within the 10 years preceding submission of this application.

Master Qualifier applicants must have a minimum of three years of verifiable experience in the liquefied petroleum gas industry within the 10 years preceding submission of this application or hold a professional certification from a liquefied petroleum gas manufacturer in safety, installation, maintenance, service or repair of LP gas equipment, systems, or appliances.

Has the 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** _____

Signature of Applicant: _____

PRINT NAME OF PERSON PREPARING APPLICATION:	
PREPARER'S PHONE NO:	**PREPARER'S EMAIL ADDRESS:**
PREPARER'S TITLE OR OFFICE HELD:	**DATE OF APPLICATION:**

DOCUMENTATION OF CONTINUING EDUCATION FOR RENEWAL OF QUALIFIER/MASTER QUALIFIER

(Attach additional sheets as necessary using the same format below to complete the following CEU training information.)

Date of Training	Total Hours	Course ID (if applicable)	COURSE TITLE