



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**LP GAS CATEGORY I
R.V. DEALER LICENSE APPLICATION**

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

Submit Online at
www.FDACS.gov

or

Check or Money Order payable
to FDACS and remit with
application to:

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

Select one: ____ 1-year license (\$400) ____ 2-year license (\$800) ____ 3-year license (\$1,200)

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.

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:

Federal Employer ID Number (FEIN):

Business Type:

☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Other

Has there been a change of ownership? ☐ Yes ☐ No

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

QUALIFIERS: Must function in a position with authority to monitor and enforce safety provisions under Chapter 527, Florida Statutes at the licensed location. List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary. A separate qualifier is required for every 10 employees performing liquefied petroleum gas activities. [s. 527.0201(2)(b), (4), F.S.].

Indicate number of employees performing liquefied petroleum gas activities at the listed locations: _____

NAME	CERTIFICATE NUMBER	Date of Expiration
1.		
2.		
3.		

MASTER QUALIFIER: Must function as the owner, manager, or person primarily responsible for overseeing the operations of the location to be licensed. **Note: A person may not act as a Master Qualifier for more than one license. [s. 527.0201(5), F.S.].**

I HAVE READ THE ABOVE STATEMENT AND VERIFY THAT I MEET THE ABOVE MASTER QUALIFIER CONDITIONS.

Signature of Master Qualifier _____

Master Qualifier Name:	Certificate Number:	Date of expiration:
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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:

SIGNATURE OF OWNER/APPLICANT:

NAME OF PERSON PREPARING APPLICATION:

PREPARER'S PHONE NO:

PREPARER'S EMAIL ADDRESS:

DATE OF APPLICATION:

PREPARER'S TITLE OR OFFICE HELD: