

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

PETROLEUM STATION REGISTRATION

Section 525.19, Florida Statutes
Rule 5J-21.010, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov

Register online at:
www.FDACS.gov

or

Mail Registration to:

FDACS
Division of Consumer Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

All documents and attachments submitted with this registration may be subject to public review pursuant to chapter 119, Florida Statutes. PLEASE TYPE OR PRINT.

Location Information

1. Location Name:

Location Address:

Corporate Owner Information

2. Corporate Owner Name:

Corporate Owner Address:

Corporate Owner Phone Number:

()

Corporate Owner Email:

Corporate Owner Name of Emergency Contact: _____

Corporate Owner Emergency Cell Phone Number (Required): () _____

Corporate Owner Emergency Contact Email: _____

Operator Information

3. Operator Name *(if different from corporate owner):*

Operator Address:

Operator Phone Number:

()

Operator Email:

Operator Name of Emergency Contact: _____

Operator Emergency Contact Cell Phone Number (Required): () _____

Operator Emergency Contact Email: _____

Transfer Switch Requirements

4. Do you have a transfer switch? Yes No

If yes, provide a photo of the connector.

5. Do you have a generator? Yes No

If yes, provide the capacity (Kilowatt and Phase): _____

Fuel and Petroleum Infrastructure

6. Are there LP Gas Cylinder exchanges at this address? (optional) Yes No

If yes, what is the maximum number of cylinders? _____

7. What fuel types are at this address?

Identifier: _____

Fuel Type: _____

Capacity (Gallons): _____

Please provide the Conversion Chart.

Identifier: _____

Fuel type: _____

Capacity (Gallons): _____

Please provide the Conversion Chart (if different from above).

Identifier: _____

Fuel type: _____

Capacity (Gallons): _____

Please provide the Conversion Chart (if different from above).

8. What security measures are in place at this address? (At least two security measures **must** be marked)

___ 1. The placement and maintenance of pressure-sensitive security tape over the panel opening that leads to the scanning device for the retail petroleum fuel measuring device in a manner that will restrict the unauthorized opening of the panel or the placement and maintenance of pressure-sensitive custom branded security tape unique to the station in more than one location over the panel opening.

___ 2. A device or system that will render the retail petroleum fuel measuring device or the scanning device in the measuring device inoperable if there is an unauthorized opening of the panel.

___ 3. A device or system that encrypts the customer payment card information in the scanning device.

___ 4. A physical locking mechanism that requires an access key unique to each station to restrict the unauthorized access of customer payment card information.

___ 5. A device or system that will sound an alarm to alert the owner or operator if there is an unauthorized opening of the retail petroleum measuring device panel.

___ 6. A daily inspection of each measuring device that includes opening the panels, using an anti-skimmer application that detects wireless-based skimmers, and documenting such inspections.

___ 7. A device or system that permits customers to use a contactless payment method, such as an electronic contact-free system, tap-and-go system, or mobile cryptographic system, for payment that does not use a magnetic strip scanning device.

___ 8. Another security measure approved by the department.

Petroleum Device(s)

9. Provide the following information for each pump located at this address: *(Attach additional sheets as necessary using the same format.)*

Pump Number: _____

Fuel Types: _____

Certification

I am authorized to execute this registration on behalf of the named petroleum station owner or operator.

Signature

Title and Phone Number

Print Name of Registrant

Date

Email