



ADAM H. PUTNAM
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

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 (\$65) ___ 2 year license (\$130) ___ 3 year license (\$195)		
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 (850) 921-1600 at the address in the upper right-hand corner.		
Business Name or DBA (Name to be printed on license):		Federal Employer ID Number (FEIN):
Physical Address (Address of business to be licensed):		Mailing Address (if different):
City, State, Zip, County:		City, State, Zip, County:
Telephone: ()		Email Address:
Company Name or Corporation:		Company Mailing Address:
		City, State, Zip:
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.		
Gas Supplier Company Name and Address:		Gas Supplier License #:
Name:		
Address:		Gas Supplier Phone #:
PRINT NAME OF OWNER OR MANAGER:		NAME OF PERSON PREPARING APPLICATION:
SIGNATURE OF OWNER OR MANAGER:		PREPARER'S PHONE NO:
		PREPARER'S EMAIL ADDRESS:
DATE OF APPLICATION:		PREPARER'S TITLE OR OFFICE HELD:

F&A Use Only

Org Code: 42 10 06 25 000 EO: A2 Object Code: 002102
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**LP GAS MATERIAL CHANGE
AND DUPLICATE LICENSES FORM**

Sections 527.02(4), Florida Statutes

Submit and Pay Online at:
www.FreshFromFlorida.com

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

FDACS
PO Box 6700
Tallahassee, FL 32314-6700

Pursuant to section 527.02(4), F.S., any licensee submitting a material change in their information for licensing, before the date for renewal, must submit such change to the department, along with a \$10 fee. Enclose a check or money order in the amount of \$10 made payable to FDACS. All fees are non-refundable.

Select One:

Supplier Change

Address Change

Duplicate Company License

Request for Duplicate Certification/Qualification

Qualifier/Master Qualifier Position Location Transfer Request

Name/Business Name (as listed with the department):

License/Qualifier Number (as issued by the department):

Prior Information:

Revised Information:

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001215 \$10.00