

**HERNANDO COUNTY REGISTRATION FORM
L.P. GAS INSTALLER & DEALER**

DATE: ____/____/____

PLEASE TYPE OR PRINT NEATLY

BUSINESS NAME AND QUALIFIER'S NAME AS IT APPEARS ON STATE LICENSE:

Home Address: _____

City State Zip Code

Business Mailing Address: _____

City State Zip Code

Business Phone: (____) _____ CELL(____) _____ FAX(____) _____

County: _____

Drivers License Number _____

E-MAIL ADDRESS: _____

PLEASE CHECK THE TYPE OF CERTIFICATE YOU HOLD:

L.P. GAS INSTALLER A: Any person, firm or corporation installing, servicing, modifying, altering or repairing apparatus, piping, tubing, appliances, equipment and LP gas storage tanks. This License includes the activities of selling or leasing of said equipment.

L.P. GAS INSTALLER C: Any person, firm or corporation involved in the installation of piping and/or tubing used to convey LP gas to appliances or equipment.

Category 1 L.P. GAS DEALER: Any person, firm or corporation involved in the following activities: sales of LP gas; cylinder exchange; sale or lease of LP gas appliances/equipment; installation, service and repair of LP gas appliances and equipment; carburetion equipment sales and installation; re-qualification of cylinders.

PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING DOCUMENTS:

1. Current copy of STATE MASTER LICENSE and INSTALLER LICENSE.
2. Current copy of WORKERS' COMPENSATION WITH HERNANDO COUNTY AS THE CERTIFICATE HOLDER, OR A WORKERS' COMPENSATION EXEMPTION FOR THE QUALIFIER.
3. Copy of current DRIVER'S LICENSE or other identification with photo and signature..
4. **REGISTRATION FEE.** CONTACT DEPARTMENT FOR CURRENT FEES.

I hereby confirm the above stated information is true and correct to the best of my knowledge.

Signature of License Holder

Subscribed and affirmed before me this ____ day of _____,
by _____ who produced _____ as
identification and who did not take an oath.

Signature of Notary Public

Commission Number Seal