LP/NATURAL GAS LICENSE (0601, 0803, & 0408) APPLICATION

GENERAL INFORMATION

READ INSTRUCTION SHEET BEFORE COMPLETING THIS FORM
ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED
APPLICATION FEES ARE NON-REFUNDABLE

1. Who must file for a “Liquefied Petroleum” license?
   Any resident or nonresident who intends to operate and qualify a business firm/corporation, or contract or sub-contract any L.P. Gas related installation, piping, equipment/appliance connection and related accessories, into any permanent structure within Hillsborough County or the municipalities therein. Changes in Florida Statutes, Chapter 527 now allow L.P. license holders to install natural gas.

2. What are the Contractor’s responsibilities?
   It shall be the duty of every contractor who shall make contracts for the installation of L.P. Gas, for which a permit is required, to comply with the rules and regulations concerning licensing required by both the State and the Local jurisdiction in which the work is being performed.

3. What if there is a change in status?
   If the qualifier is no longer an active partner or officer of the firm/corporation, both the firm/corporation and the individual qualifying the firm/corporation must notify the Hillsborough County Contractor Licensing Team, Development Services Division within 48 hours of this change in status.

   Each business location shall have a “qualifier” (as defined in Florida Statutes, Chapter 527) separately licensed. Every business organization shall possess a full-time qualifier at all times. A qualifier must actually function in a supervisory capacity and be responsible for other company employees installing L.P. Gas related systems.

4. How do I get a “Temporary” license?
   The Gas Board of Adjustments, Appeals and Examiners shall determine whether an applicant is qualified to receive a L.P. Gas license. A temporary license may be issued until the next scheduled Board Meeting. The applicant must appear, in person, at the scheduled Board Hearing to answer any questions regarding qualifications relating to his/her experience, credit history, and/or background.

5. How are licenses and certificates renewed?
   All licenses expire annually, State licenses on August 31 and Local licenses become invalid if not renewed on or before September 30. Hillsborough County accesses delinquent fees if the Local license is not renewed prior to October 1 of each year. If a Certificate is not renewed for 2 consecutive years, the license holder will have to reapply as a new applicant and appear before the Gas Board.
L.P./NATURAL GAS APPLICATION CHECK LIST

- Application complete (all blanks filled out) and recent photograph (passport style head shot) attached. The Hillsborough County Gas Board of Adjustment, Appeals and Examiners will not review an application unless it is filled out completely on forms provided by the Hillsborough County Contractor Licensing Team, and all required information must be attached. All information must be typed or clearly printed as illegible or incomplete applications will not be accepted and will not be taken before the Board.

- Verification of Work Experience form completed and signed by a licensed Gas contractor. Description of work experience must be specific as to dates and type of work performed. Hillsborough County’s minimum requirements are 6 years of experience, 2 years of which must have been in a Supervisory or Master’s position.

- Photocopy of State LP gas license indicating license type and location of business (0601, 0803, or 0408).

- Photocopy of “Certificate of Examination”, qualifier card, issued by the State of Florida Bureau of LP Gas Inspections, included. Card must show test scores on card.

- Photocopy of current Drivers License.

- Any documentation of training (copies of certificates received as a result of training, classes attended, etc.

- 3 letters of recommendation from responsible persons who know you and your work, one of whom must be an Industry member or Gas contractor.

- Copy of Workers’ Compensation, or exemption thereof. Certificate Holder must indicate Hillsborough County Contractor Licensing.

- Original Hillsborough County Contractor’s Code Compliance Bond.

- $75 Application Fee (cash, check or credit card).

NOTE: By submittal of an application, the applicant authorizes Hillsborough County to pull a Credit Report and Background Check which then becomes a part of the application.

All applications should be delivered to:

Hillsborough County Development Services Division
CONTRACTOR LICENSING TEAM
5701 E. Hillsborough Avenue, Suite 2459
Tampa, Florida 33610

Phone (813) 635-7308/09 Fax: (813) 635-7367

(The above office is located in the southeast corner of Hillsborough Avenue and 56th Street, in the Net Park Office Facility formerly known as East Lake Square mall)
LP/NATURAL GAS LICENSE APPLICATION (0601, 0803, & 0408)

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NOTE: All requirements and criteria from the State Bureau of L.P. Gas must be met before applying for local licensure.

TYPE OF LICENSE APPLIED FOR

ATTACH

RECENT

PHOTO

HERE

_____  0601  CATEGORY I, L.P. GAS DEALER
_____  0803  INSTALLER “A”
_____  0408  INSTALLER “B”

NOTE: If you are not an American Citizen, provide documentation with application indicating you are legally working in the United States.

PERSONAL DATA

Name: _____________________________________  _    Date:  ___________________
Date of Birth:  ______________________ Social Security No:  _________________________
Res. Address:  _______________________________________________________________
City: ____________________________ __  Zip Code:  ___________   Ph: _______________
Bus. Address:  _______________________________________________________________
City:  ______________________________   Zip Code:  ___________  Ph: _______________
Military Service (Branch) __________________  Service No: __________________________
American Citizen? ____________  Present Job Title:  ________________________________

EDUCATION

High School:  (Name, City, State)                         Years Attended     Graduate     Degree

College or University:  (Name, City, State)               Years Attended     Graduate     Degree

Trade School:  (Name, City, State)                         Years Attended     Graduate     Degree

I HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT

STATE OF ________________________________
COUNTY OF ________________________________

Signature of Applicant

Affix Notary Seal

Subscribed and sworn to before me this ________________

______________________________
Notary Public (Signature)

My Commission expires:

Personally Known _____ OR Produced Identification

______________________________
(Type of Identification Produced)
VERIFICATION OF CONSTRUCTION EXPERIENCE

ALL INFORMATION IS TO BE TYPED OR PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED

Hillsborough County Development Services Division
CONTRACTOR LICENSING TEAM
5701 E. Hillsborough Avenue, Suite 2459
Tampa, Florida 33610

is/was employed by

(Applicant’s Name) (Company Name)

located at ______________________________________________________________

(Circle one) full/part time*

(Company Mailing Address)

from ____________________________ to ____________________________

(Start Date) (Year) (End Date) (Year)

*Full time employment is considered having worked a minimum of 2,000 hours/year.

Describe, in your own words, what you know of the applicant’s experience. Describe the type of work he/she performed and whether his/her position was as an apprentice, helper, journeyman, foreman, supervisor, or contractor. Describe the kind of buildings, structures, or projects worked upon. Give any details that might aid in evaluating his/her experience. Attach additional page(s) as necessary.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I am the qualifier for the above firm and hold current Contractor License No.______________________

from________________________________________________ as a____________________________________ contractor.

(Jurisdiction Where License was Issued) (Type of License Held)

STATE OF___________________________________________

COUNTY OF_________________________________________

Sworn to (or affirmed) and subscribed before me this

____________, day of ________________, 20____

by ________________________________

(Printed/Typed Name of License Holder Making Statement)

NOTARY PUBLIC

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

My Commission expires: ________________

Personally Known _______ OR Produced Identification

(Affix Seal)

(Type of Identification Produced)

NOTE: If applicant is self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for will be accepted. This form may be duplicated. Verification forms must be furnished to substantiate the minimum experience in the category for which application is made.
VERIFICATION OF CONSTRUCTION EXPERIENCE

ALL INFORMATION IS TO BE TYPED OR PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED

Hillsborough County Development Services Division
CONTRACTOR LICENSING TEAM
5701 E. Hillsborough Avenue, Suite 2459
Tampa, Florida 33610

is/was employed by __________________________________________

(Applicant’s Name) (Company Name)

located at ___________________________________________________________________________

(Circle one) (Complete Company Mailing Address)

full/part time*

from ____________ to ____________.

(Start Date) (Year) (End Date) (Year)

*Full time employment is considered having worked a minimum of 2,000 hours/year.

Describe, in your own words, what you know of the applicant’s experience. Describe the type of work he/she performed and whether his/her position was as an apprentice, helper, journeyman, foreman, supervisor, or contractor. Describe the kind of buildings, structures, or projects worked upon. Give any details that might aid in evaluating his/her experience. Attach additional page(s) as necessary.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I am the qualifier for the above firm and hold current Contractor License No.,____________________
from________________________________________________ as a____________________________________ contractor.

(Jurisdiction Where License was Issued) (Type of License Held)

STATE OF ____________

COUNTY OF ____________

Sworn to (or affirmed) and subscribed before me this ____________, day of __________________, 20____

by __________________________________________

(Printed/Typed Name of License Holder Making Statement)

NOTARY PUBLIC

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

My Commission expires: __________________________

Personally Known _______ OR Produced Identification

(Affix Seal)

(TYPE OF IDENTIFICATION PRODUCED)

NOTE: If applicant is self-employed, notarized letters from Building Officials, licensing agencies, and/or contractors you performed work for will be accepted. This form may be duplicated. Verification forms must be furnished to substantiate the minimum experience in the category for which application is made.
Attached is the bond form required of all contractors working in Hillsborough County. The bond must be correct in order to be accepted. Please insure your bonding company completes all lines.

1. Upper Left: “Bond For” must state what classification of contractor the bond covers (i.e. Building, General, Mechanical, Electrical, Plumbing, Gas, Specialty (specific trade), Swimming Pools, Roofing, Irrigation, etc.). **NOTE: A separate bond is required for each license category/license held.**

2. The first blank space in Paragraph 1 must contain the complete name of the “Principal” (License Holder) or the license holder’s name and company name if the contractor is qualifying a corporation or firm. If the contractor holds a state license, the name on this bond must read the same as the state license. **BONDS WITH ONLY COMPANY NAMES WILL NOT BE ACCEPTED.**

**EXAMPLE**

John Doe/Individual

Or

John Doe/Smith & Miller, Inc.

If the certified person qualifies on behalf of a corporation or firm, the person must be an active officer of that corporation or firm, or must be its designated agent.

3. Only one (1) corporation or firm name is permitted.
4. The second blank space in Paragraph 1 names the Insurance Company providing the bonding.
5. The first blank space in Paragraph 2 must contain the name as indicated in Item 2 above.
6. The “Principal” (license holder) must sign the bond and indicate his “Title” when qualifying as a corporation or firm.
7. **All bonds shall be “Continuous” until cancelled.** The Hillsborough County Licensing Section must receive all Notices of Cancellation no later than 15 days prior to the effective date of bond cancellation.
8. The Bonding Company is to notify, in writing, the Hillsborough County Building Code Compliance Team at (813) 635-7300 when any claim is made on any bond, whether paid on or not.
9. All bonds must contain the seal of the insurance company and be signed by the Attorney-in-Fact for the insurance company. The Insurance Company must attach a Power-of-Attorney to all bonds.

Please direct all correspondence/communication to:

**Hillsborough County Development Services Division**

**CONTRACTOR LICENSING TEAM**

5701 E. Hillsborough Avenue, Suite 2459

Tampa, Florida 33610

Phone (813) 635-7308/09       Fax: (813) 635-7367

04/21/03
CONTRACTOR’S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR PRINTED

BOND FOR _________________ CONTRACTOR    BOND NUMBER __________________ 

(Type of License Held)

INSURANCE AGENT _______________________  PHONE NUMBER (_____)___________

KNOW ALL MEN BY THESE PRESENTS

That we, ______________________________________________________________________

(License Holder’s Name if Individual or Name and Company Name if qualifying a Company)

__________________________________________________________________________________,

(Name of Insurance Company Providing Bond)

a corporate authorized to do business in the State of Florida (hereafter called Surety), are held and firmly

bound unto ____________________________, Governor of the State of Florida, and his successors in

office, in the penal sum of Five Thousand Dollars ($5,000), the true payment whereof well and truly to

be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns,

jointly and severally, firmly by this bond.

DATED THIS _____________________ DAY OF __________________, 20______

The condition of this bond is such that if the above bound Principal, the said

_____________________________________________________ shall protect all persons suffering any

loss or damage occasioned by said Principal failing to comply with any of the provisions of any

municipal or county code applicable to the work performed by said Principal or officer, employee or

agent of said Principal, or under the direction and supervision of said Principal and shall, without

additional cost to the person for whom any such work is performed, remedy all defects in said work due

to faulty workmanship or material furnished or used by said Principal, and shall reconstruct any such

defective work and will replace or make good any such defective material to the satisfaction of the

inspector having jurisdiction of the class of work embraced in the Code applicable thereto, at any time

within one (1) year after the performance of any such work by said Principal, his agents or employees,

and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the

same, then this obligation shall become null and void; otherwise to remain in full force and effect.

The failure or default on the part of the Principle in remedying any defects in such work due to faulty

workmanship or incorrect construction or installation or due to faulty materials furnished or used by said

Principal, shall give the person for whom such work is performed a right of action against the Principal

and Surety under this obligation; provided, however, that no suit, action, or proceeding by reason of any

default shall be brought on this bond after one (1) year from date of final completion of the work done

by the Principal for any such person.

This bond shall be considered continuous until such time as notification of cancellation is furnished to

the Hillsborough County Development Services Division, Construction Licensing Team. Cancellation

must be received no less than 15 days prior to the cancellation effective date.

Surety

Printed/Typed Principal License Holder’s Name

Principal License Holder’s Signature

By Attorney-in-Fact or Surety

(Affix Insurance Company Seal)

10/06/03
AUTHORIZATION FOR PAYMENT BY CREDIT CARD
Planning and Growth Management Department, Development Services Division

OFFICE USE ONLY

<table>
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<th>Permit No.</th>
<th>Total $</th>
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<tr>
<td>License No.</td>
<td>Fee $</td>
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PERMITS
Complete the following:

Job Site Address _________________________________________________________
City _________________________________, Florida   Zip Code _________________

All information, including zip code, must be completed or your request will not be processed. A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder’s credit card.

FOR YOUR CREDIT CARD SECURITY

FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING NUMBERS ONLY

PERMITTING FAX NUMBERS
Area Code 813
County Center (Downtown) 276-2671
Netpark 635-7365         Northwest Office 264-8551
Plant City 757-3804       South County 672-7424

CONTRACTOR LICENSING FAX NUMBER
License No. __________________________ (If licensed, include license number)
(813) 635-7367 (this number is only for faxing forms to Contractor Licensing)

10/06/03
I, ____________________________________________, __________________________,
(Contractor Name)           (Contractor License No.)

hereby authorize the following to act as my agent(s) in obtaining permits in Hillsborough County, Florida.

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<tr>
<th>Name of Agent</th>
<th>Driver's License No.</th>
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This letter supercedes any previously submitted letter(s) of authorization.

This letter must contain only the people you want to pull permits in your name. To make changes to this letter, you must submit a new letter. This letter will delete and replace any previous authorization letter and the information contained thereon.

This authorization is to remain in effect, unless cancelled in writing, by the undersigned.

______________________________
Contractor's Signature

STATE OF ________________________
COUNTY OF ________________________

Sworn to (or affirmed) and subscribed before me this
__________, day of ________________________, 20______

by ____________________________
(Printed/Typed Name of License Holder Making Statement)

NOTARY PUBLIC

______________________________
(Signature of Notary)

______________________________
(Name of Notary Typed, Printed, or Stamped)

My Commission expires: ____________________________

Personally Known ______ OR Produced Identification

______________________________
(Type of Identification Produced)