



South Carolina
Department of Labor, Licensing and Regulation



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Division of Fire and Life Safety

LIQUEFIED PETROLEUM GAS LICENSE APPLICATION

LICENSE YEAR 2008 - 2010

NEW _____ RENEWAL _____

DEALER (\$400.00) _____ CYLINDER EXCHANGE FACILITY (\$400.00) _____
UTILITY GAS PLANT (\$500.00) _____ TRANSPORTER (\$500.00) _____

(This form must be filled out on each installation.)

Federal Tax ID # _____ E-Mail Address _____

The State Fire Marshal's Office now accepts Visa or MasterCard payments. If paying by credit card, please give following info:

Type Card _____ Name on Card _____

Card Number _____ Expiration Date _____

1. Name of firm _____ Fax No. _____

2. Business address _____

Street

City

State

Zip Code

County

Telephone No.

3. Mailing address, if different _____

Street

City

State

Zip Code

Telephone No.

4. Is this firm incorporated, a partnership or individually owned? _____

5. List corporate officers and/or members of partnership, if applicable: _____

6. Address of corporate office, if different from above:

Street

City

Zip Code

Telephone No.

7. **List all of your resellers on the appropriate form. A current insurance certificate must be on file in the State Fire Marshal's Office before a license can be issued.**

Signature of Applicant

Title

Date

ALL LICENSES EXPIRE ON JUNE 30, 2010 REGARDLESS OF DATE OF ISSUE

FOR OFFICE USE ONLY

Credential #: LPE_

Picture Date:

LIQUEFIED PETROLEUM GAS Employee Application

INDIVIDUAL INFO

LAST NAME FIRST M.

MAILING ADDRESS

CITY STATE ZIP

DATE OF BIRTH

COUNTY

TELEPHONE

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

BUSINESS INFO

BUSINESS NAME

STREET ADDRESS

MAILING ADDRESS

CITY STATE ZIP

COUNTY

TELEPHONE

FAX NUMBER

IF NEW EMPLOYEE, INDICATE WHAT TEST YOU WILL BE TAKING

DEALER/INSTALLER_____

RESELLER/DRIVER_____

IF CURRENTLY PERMITTED, INDICATE WHAT TYPE PERMIT YOU HOLD

DEALER/INSTALLER_____

RESELLER/DRIVER_____

SIGNATURE OF APPLICANT

DATE OF APPLICATION

