



South Carolina Department of Labor, Licensing and Regulation  
**Office of State Fire Marshal**  
141 Monticello Trail • Columbia, SC 29203  
Phone: 803-896-9800 • Fax: 803-896-9806 • [www.llronline.com](http://www.llronline.com)  
**Licensing and Permitting Section**



May 2, 2016

Dear Liquefied Petroleum Gas Utility Gas Plant Operator,

It is the time of year when we begin the biennial renewal of LP Gas Utility Gas Plant Licenses for 2016 through 2018. This package will assist you in applying for your license renewal. Please read and follow these instructions carefully. As you are aware, all LP Gas Utility Gas Plant Licenses expire biennially on June 30 of each even year, regardless of when they were issued. We encourage you to act promptly in submitting your applications so it does not slip your mind.

Included in the attached package are several documents for your use in applying for your renewal:

**Renewal Application for LP Gas Utility Gas Plant License:**

Please note that the application form has been revised. **Please destroy any previous versions as they will not be accepted.** You will need to submit a completed Utility Gas Plant Application for each facility you operate.

**LP Gas Employee Renewal Form:**

An Employee Renewal Form must be submitted for each employee that will serve as a permit holder for your location(s). Please be aware in accordance with §40-82-220 of the S.C. Code of Laws, future license renewals must now include a list of all LP Gas Employees that have been appropriately tested and have passed a written exam. We will not be requiring this list for the current 2016 – 2018 renewal period. If you currently have employees meeting this criteria, please include them on the attached renewal form.

**Verification of Lawful Presence in the United States:**

This form replaces the old Affidavit of Eligibility certification and is required by Section 8-29-10, et seq. of the South Carolina Code of Laws of all applicants for any type of individual licensure in the State of South Carolina.

Carefully complete the application in its entirety and ensure that all required documents are attached (including your Certificate of Insurance).

**Three Methods of Application - Choose One**

There are three ways to apply for renewal of your LP Gas Utility Gas Plant License for 2016 – 2018 (depending on preferred payment method).

1. **By mail:** Please mail the completed renewal application, with all required attachments and appropriate payment (check/money order/credit card authorization form), to:

**S.C. Office of State Fire Marshal  
Licensing and Permitting Section  
141 Monticello Trail  
Columbia, SC 29203**

If paying by check or money order, please make payable to "State of South Carolina."

2. **By Fax:** Please fax the completed renewal application, with all required attachments and appropriate payment (credit card authorization form), to:

**S.C. Office of State Fire Marshal**  
**Attn: Ronnie Yonce**  
**Fax Number: 803-896-9806**

3. **By Email:** Please email the completed renewal application, with all required attachments and appropriate payment (credit card authorization form), to:

[veronica.yonce@llr.sc.gov](mailto:veronica.yonce@llr.sc.gov) or [ray.hoshall@llr.sc.gov](mailto:ray.hoshall@llr.sc.gov)

Please remember an incomplete or inaccurate renewal application will be returned to you unprocessed for completion or correction, which may result in a delay in renewing your application.

Lastly, if you have any questions regarding the 2016 - 2018 LP Gas Utility Gas Plant License renewal process, please contact Ronnie Yonce at 803-896-9802.

Respectfully,



Ray Hoshall  
Chief of Licensing and Permitting  
S.C. Office of State Fire Marshal  
141 Monticello Trail  
Columbia, SC 29203  
Telephone: 803-896-9913  
Email: [ray.hoshall@llr.sc.gov](mailto:ray.hoshall@llr.sc.gov)  
Website: [www.scfiremarshal.llronline.com](http://www.scfiremarshal.llronline.com)

Attachments



South Carolina Department of Labor, Licensing and Regulation  
**Division of Fire and Life Safety • Office of State Fire Marshal**

141 Monticello Trail, Columbia, S.C. 29203  
Phone: 803-896-9800 • [www.scfiremarshal.llronline.com](http://www.scfiremarshal.llronline.com)

**2016-2018 LP Gas Utility Gas Plant - Renewal Application**  
*All licenses expire June 30, 2018*

**General Statute Requirements:**

It is unlawful for a person to engage in the manufacture, distribution, sale, storage, or transportation by tank truck, tank trailer, or cylinder of liquefied petroleum gases or engage in the installation, servicing, repairing, adjusting, or connecting of appliances to liquefied petroleum gas systems and containers in this State without being licensed.

A utility gas plant means a fuel gas distribution facility owned or operated by a public utility or municipal or local government authority that uses liquefied petroleum gas to supplement natural gas supplies when necessary.

**Requirements:**

The board may issue a license to a utility gas plant which presents to the Department of Labor, Licensing and Regulation a completed application giving satisfactory evidence: 1) that site has been approved; 2) of insurance as required by this chapter; 3) of principals or employees who have passed examinations required under this chapter; 4) that all fees have been paid.

**Insurance:**

As a prerequisite to obtaining a license, a transporter of propane, utility gas plant, dealer, reseller, cylinder exchange company, or installer of appliances shall obtain general liability insurance in the amount of \$500,000 from a company licensed to conduct

business in this State. General liability insurance must include manufacturer's or contractor's liability and product's liability insurance. The insurance carrier shall certify to the board through the Office of State Fire Marshal by a standard certificate of insurance executed by a licensed insurance agent that the required coverages are in effect and may not be canceled by the insurance carrier without at least 30 days notice to the board through the Office of State Fire Marshal by registered mail.

Biennial Licensure Fee	
Fee amount	\$500
Late fee (after July 1, 2016)	\$100

Federal Tax ID # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Business address:**

Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing address, if different:**

Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Address of corporate office, if different from above:**

Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yes  No  A required and current insurance certificate is attached to this application.

Yes  No  A current list of principals or employees who have passed required examinations is attached.  
An LP Gas employee renewal application must be attached for each employee.

Yes  No  The LP Gas dealer site has been approved by S.C. State Fire.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Liquefied Petroleum Gas Employee Renewal Application:

Biennial Fee: Per employee/ permit \$50.00

---

## INDIVIDUAL

NAME : \_\_\_\_\_  
          LAST                    FIRST                    M.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY                                    STATE                    ZIP

COUNTY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## BUSINESS

\_\_\_\_\_  
BUSINESS NAME

STREET ADDRESS \_\_\_\_\_

CITY                                    STATE                    ZIP

COUNTY \_\_\_\_\_

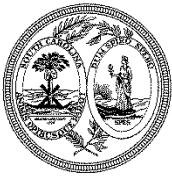
TELEPHONE \_\_\_\_\_

\_\_\_\_\_  
FAX

\_\_\_\_\_  
DATE

**PRIVACY DISCLOSURE:** *South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



South Carolina Department of Labor, Licensing and Regulation  
**Office of State Fire Marshal**  
 141 Monticello Trail • Columbia, SC 29203  
 Phone: 803-896-9800 • Fax: 803-896-9806 • [www.llronline.com](http://www.llronline.com)  
**Licensing and Permitting Section**



**VISA/MASTERCARD PAYMENT FORM**

To make payment by **VISA/MasterCard**, please complete the following information and mail, email or fax to:

Chief of Licensing and Permitting  
 South Carolina Department of Labor, Licensing and Regulation  
 Division of Fire & Life Safety  
 141 Monticello Trail  
 Columbia, SC 29203  
 Fax: 803-896-9806  
 Email: [ray.hoshall@llr.sc.gov](mailto:ray.hoshall@llr.sc.gov)

\_\_\_\_\_  
 Company Name/ Mailing Address

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

\_\_\_\_\_  
 Print name as it appears on credit card

Email Address: \_\_\_\_\_

Type of card: MasterCard      VISA

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Credit Card Number

\_\_\_\_\_  
 Authorized Signature

**(FORM IS NOT VALID WITHOUT AUTHORIZED SIGNATURE)**

Description (Must be completed)	Fee Amount

Do you need a receipt? YES      NO

<b>FOR OFFICE USE ONLY</b>	
Category Code (Circle one)	<b>BL DL BP MP FM LP FR PP FI DM WS JB</b>
Description:	_____