

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



ALL INFORMATION MUST BE COMPLETED ON THE LICENSE HOLDER

PLEASE PRINT LEGIBLY

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 I**
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.

HERNANDO COUNTY CONTRACTOR LICENSING

DATE: _____/_____/_____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE NUMBER: (____) _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH _____

HEIGHT: ____ WEIGHT: ____ COLOR OF HAIR: ____ COLOR OF EYES _____

BUSINESS NAME AS IT APPEARS ON OCCUPATIONAL:

BUSINESS ADDRESS:

CITY _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER:(____) _____

FAX NUMBER: (____) _____

CELL/TOLL FREE NUMBER: (____) _____

E-MAIL ADDRESS: (____) _____

DRIVERS LICENSE NUMBER: _____

WHAT OTHER COUNTIES OR MUNICIPALITIES ARE YOU CURRENTLY WORKING IN OR HAVE WORKED IN WITHIN THE PAST TWO (2) YEARS:

PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING DOCUMENTS:

1. **CURRENT COPY OF STATE MASTER LICENSE**
2. **CURRENT COPY OF WORKMEN' COMPENSATION**
3. **CURRENT COPY OF HERNANDO COUNTY OCCUPATIONAL LICENSE**
4. **COPY OF FLORIDA IDENTIFICATION-DRIVER'S LICENSE (one to use as the small photo)**
5. **REGISTRATION FEE OF \$75.00**

FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I HEREBY CONFIRM THE ABOVE STATE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of License Holder

State of _____

County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, _____, by _____ who is () personally known to me, or who () has produced _____ as identification.

Signature of Notary Public

Print/Type/Stamp Name of Notary

My Commission Expires: _____

PLEASE RETURN FORM TO:

**HERNANDO COUNTY DEVELOPMENT DEPT.
CONTRACTOR CERTIFICATION
789 PROVIDENCE BLVD.
BROOKSVILLE, FLORIDA 341601**