



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

LP Gas Dealer - New Applicant
2014-2016 Application
All licenses expire June 30, 2016

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.

“Dealer” means a person engaging in the installation of liquefied petroleum gas systems or in the manufacture, distribution, sale, storing, or transporting by tank truck, tank trailer, or container of liquefied petroleum gases or engaging in installing, servicing, repairing, adjusting, disconnecting, or connecting appliances to liquefied petroleum gas systems and containers.

Requirements:

The board may issue a license to a dealer who presents to the Department of Labor, Licensing and Regulation a completed application giving satisfactory evidence: (1) that the 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 Fees	
Licensure Fee	\$400
Per Employee	\$50

Federal Tax ID # _____

E-Mail Address _____

Business Name: _____

Phone No.: _____

Number of New Employees: _____

Fax No.: _____

Address:

Street _____ City/County _____ State _____ Zip _____

Mailing address, if different:

Street _____ City/County _____ State _____ Zip _____

Yes No The site has been approved by the Office of the State Fire Marshal.

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

Yes No A current list of principals or employees who have passed required examinations is attached.

 Signature of Applicant

 Title

 Date

**Liquefied Petroleum Gas Employee
New Applicant**
Biennial Fee: Per employee/ permit \$50.00

INDIVIDUAL

NAME : _____
 LAST FIRST M.

STREET ADDRESS

CITY STATE ZIP

COUNTY

TELEPHONE

SOCIAL SECURITY NUMBER

EMAIL

SIGNATURE OF APPLICANT

BUSINESS

BUSINESS NAME

STREET ADDRESS

CITY STATE ZIP

COUNTY

TELEPHONE

FAX

DATE

