



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Liquid Petroleum Gas Board**  
 110 Centerview Dr • Columbia • SC • 29210  
 P.O. Box 11329 • Columbia • SC • 29211-1847  
 Phone: 803-896-5571 • contact.lpgas@llr.sc.gov • Fax: 803-896-9651  
 llr.sc.gov/lp

**2024-2026 LP GAS INSTALLER RENEWAL APPLICATION**

**Renewal Requirements/Instructions:**

- Check or Money Order only, made payable to SC LP Gas Board. Application fee is non-refundable. NO CASH IS ACCEPTED. A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your current Certificate of Insurance (per S.C. Code of Laws 40-82-250).
- License must be renewed/postmarked on or before June 30, 2024.

**\*\*\*If you are also paying for employee permit renewals as well, you must include a complete renewal application for each employee. Failure to do so will result in your renewal packet being returned unprocessed.**

LICENSURE FEE INFORMATION	QUANTITY	TOTAL
Biennial Licensure Fee	1	\$200.00
Employee Fee (\$50 Per Employee/ Per Permit)		
Late Fee (\$100 from July 1, 2024 – August 31, 2024)		
<b>TOTAL</b>		

**Please include all necessary documentation with payment or renewal packet will be returned unprocessed.**

**LICENSEE INFORMATION**

Business Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street City State Zip

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

Mailing Address: \_\_\_\_\_  
 (If different from above) Street City State Zip

Corporate Office Address: \_\_\_\_\_  
 (If different from above) Street City State Zip

**PERMITTED EMPLOYEE(S)**

Please list each permitted employee at this location (attach additional sheets if needed).

**\*\*\*EMPLOYEES MUST COMPLETE A SEPARATE RENEWAL APPLICATION\*\*\***

Name	Permit Number	Renewal Fee Included for this individual?

**INSURANCE**

Certificate of Insurance verifying proof of \$500,000 general liability insurance, including manufacturer’s or contractor’s liability and product’s liability insurance (per S.C. Code of Laws 40-82-250) must be attached to this renewal application.

**NOTE: The Insured shall notify the Board a minimum of 30 days prior to liability insurance being canceled, suspended or nonrenewable.**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**AFFIDAVIT**

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file 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 purposes.