



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
Licensing and Permitting Section



May 2, 2016

Dear Liquefied Petroleum Gas Reseller,

It is the time of year when we begin the biennial renewal of LP Gas Reseller Licenses for 2016 through 2018. This package will assist you in ensuring that your license is properly renewed and does not lapse. As you are aware, all LP Gas Reseller Licenses expire biennially on June 30 of each even year, regardless of when they were issued.

Please take note. Since all LP Gas Reseller locations are supported by a LP Gas Dealer (supplier), it is the responsibility of your supplier to ensure that you are properly licensed before you can be supplied with LP Gas service. In addition to your license, you must have at least one permitted LP Gas Employee. Your LP Gas Dealer will provide you with the proper application package and must sign your application before it will be processed.

Included in the package you must receive from your supplier are several documents for your use in applying for your renewal:

Renewal Application for LP Gas Reseller License:

Please note that the application form has been revised. Use only the application provided by your supplier. **Please destroy any previous versions as they will not be accepted.**

LP Gas Employee Renewal Form:

An Employee Renewal Form must be submitted for each employee that will serve as a permit holder for your company.

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.

Please be careful to complete the application in its entirety and ensure that all required documents listed above and on the application are attached (including your Certificate of Insurance) before returning it to the supplier. An incomplete or inaccurate renewal application will be returned to your supplier 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 Reseller 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
Website: www.scfiremarshal.llronline.com



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

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 Phone: 803-896-9800 • www.scfiremarshal.llronline.com

2016-2018 LP Gas Reseller - 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.

“Reseller” means a person engaging in the resale of liquefied petroleum gas by filling cylinders of not more than one hundred pounds capacity of liquefied petroleum gas and who owns and operates this business separate and independent of a dealer except that the reseller may purchase liquefied petroleum gas from a dealer as an independent contractor.

Requirements:

The board may issue a license to a reseller who presents a completed application to the Department of Labor, Licensing and Regulation 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	\$150
Per Employee	\$50
Late fee (after July 1, 2016)	\$100

Federal Tax ID # _____

E-Mail Address _____

Business/Owner: _____

Phone No.: _____

DBA (if applicable): _____

Number of Permitted Employees: _____

Address:

Street _____ City/County _____ State _____ Zip _____

Mailing address, if different:

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 Verification of Lawful Presence in the United States is attached for each employee.

Yes No The LP Gas dealer site has been approved.

 Signature of Applicant

 Title

 Date

 Signature of Supplier/Dealer

 Title

 Date

Supplier/ Dealer:

Name: _____

Address: _____

**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)



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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

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

FOR OFFICE USE ONLY

Category Code (Circle one) **BL DL BP MP FM LP FR PP FI DM WS JB**

Description:
