



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

## LP GAS RE-EXAMINATION REQUEST

Submit the following with your request to the above address:

- Check, money order, or Credit Card Authorization Form only in the amount of \$25 made payable to LP Gas Board. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

### EXAMINATION INFORMATION

All eligible permit holders must pass the written examination approved by Board. Forms must be submitted two weeks prior to selected exam date. Confirmation of registration and examination instructions will be sent after receipt of form. Forms will not be processed until payment has been received.

Requested Examination Date: \_\_\_\_\_

2020 Examination Dates			
January 10	April 3	July 10	October 2
January 17	April 17	July 24	October 16
February 7	May 1	August 7	November 6
February 21	May 15	August 21	November 20
March 6	June 5	September 4	December 4
March 20	June 19	September 18	December 18

Requested Examination:  Dealer/Installer  Reseller

**FAILURE TO APPEAR FOR THE SELECTED EXAMINATION DATE, WILL RESULT IN FOREFEITURE OF THE \$25 EXAMINATION FEE.**

**IF ANY INFORMATION HAS CHANGED SINCE THE INITIAL APPLICATION, PLEASE COMPLETE THE BELOW APPLICANT INFORMATION**

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Each permit is valid for a period of two (2) years and must be renewed before it expires. If your employment status changed, please notify the Board office within ten (10) business days.



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**VISA/MASTERCARD PAYMENT FORM**

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

Liquefied Petroleum Board  
 South Carolina Department of Labor, Licensing, & Regulation  
 110 Centerview Drive  
 PO Box 11329  
 Columbia, SC 29210  
 Fax: 803-896-9651

\_\_\_\_\_  
 Billing Address

\_\_\_\_\_  
 Company Name

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	Fee Amount

Do you need a receipt? YES      NO