

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

## 2020-2022 LP GAS EMPLOYEE RENEWAL APPLICATION

## Submit the following with your application to the above address:

- Check or Money Order, only, in the amount of \$50 made payable to SC LP Gas Board. Application
  fee is non-refundable. NO CASH IS ACCEPTED. A returned check fee of up to \$30, or an amount
  specified by law, may be assessed on all returned funds. Secure credit card payments are available via
  request to contact.lpgas@llr.sc.gov.
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable
- \* Renewals must be postmarked by September 30, 2020. After this date the permit will be lapsed and the licensee may not engage in LP Gas activities regulated by the Board. Failure to renew by November 30, 2020, will result in cancellation of your permit and you will have to reapply and retest.

APPLICA	TINFORMATION CHECK ONE: Mail all correspondence to: $\square$ Employer $\square$ Home
Full Name:	Permit No.:
Home Addı	ess:County:
	(Street, City, State & Zip)
Phone:	Email:
Employer:	Employer License Number:
Address:	County:
	(Street, City, State & Zip)
Business Pl	one: Fax:
1. Has	there been any change in the status of your lawful presence in the ed States since initial licensure? If "YES", you must attach documentation an explanation of the changes in your eligibility.
2. Sin gui of i	e you last registered with this Board, have you been convicted of or pled y to a felony of any kind or to a non-felony crime involving fraud, drugs, oral turpitude? If "YES", you must attach an official criminal background k (i.e. SLED, etc.) and written explanation.
	(check one): in employer renewal payment □ Included with this application
accurately,	swear/affirm I have read all questions on this renewal application and have answered truthfully, and completely. I hereby acknowledge that failure to answer these questions truthfully, and completely shall constitute cause for the initiation of disciplinary action against my South
Applicant S	gnature: Date:
-	ormation (Check)

## 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.

Each permit is valid for a period of two (2) years and must be renewed before it expires. If your employment status changes, please notify the Board office within ten (10) business days. The individual completing this application is responsible for maintaining and renewing their permit, this is not the responsibility of the employer.