



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 • contactllr@llr.sc.gov • Fax: 803-896-9651  
 llr.sc.gov/lp

# Application for LP Gas Cylinder Exchange

## INSTRUCTIONS

Submit the following with your application to the above address:

- Payment by Check, Money Order, or Credit Authorization Form only, In the amount specified in the table to the right made payable to LP Gas Board. Fee is non-refundable. NO CASH IS ACCEPTED. A 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).
- Listing of all cylinder exchange racks serviced by the facility.
- Listing of principals or employees who have passed examinations (per S.C. Code of Laws 40-82-220).

Biennial Licensure Fees	
Number of Racks	Fee Amount
1-25	\$200
26-100	\$400
101-499	\$600
500-999	\$800
1000 or more	\$1,000

**Employees must also complete a separate application available on the Board's website:**

<http://www.llr.sc.gov/lp/pub.aspx>

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

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

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

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

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

1. Does the Cylinder Exchange Facility have the equipment needed for safe operations?  Yes  No

## 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 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 Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Payment Information (Check)**  
 Check #: \_\_\_\_\_

**If payment is by VISA or MasterCard, complete and attach Credit Card Authorization form.**

**BACKGROUND INFORMATION**

All 'Yes' answers must be accompanied with a written explanation and supporting legal documentation, i.e. court documents state the disposition, payment arrangement correspondence, documented letter of dispute, etc.

- A) Has this company ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted or disciplined by any federal, state, or local authority or operated without a proper license?  Yes  No
- B) Is any investigation or disciplinary action currently pending against this company?  Yes  No
- C) Has this company ever been issued a Cease and Desist Order for unauthorized/unlicensed practice?  Yes  No
- D) Has this company ever been convicted in a court of competent jurisdiction of this or any other state, district, or territory of the United States, or of a foreign country of the offense of forgery, embezzlement, obtaining money under false pretenses, theft, extortion, or conspiracy to defraud or other like offense?  Yes  No

**AFFIDAVIT**

I, \_\_\_\_\_, affirm that all statements contained herein are true and correct to the best of my knowledge and belief. Further, I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalties of perjury that all statements made by me herein are true and correct. I am authorized to complete this application on behalf the applicant and should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial, suspension or revocation of this license.

Signature	Title	Date
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SWORN before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Notary Seal Here

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

Notary for the State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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## Serviced Cylinder Exchange Racks

Please list all cylinder exchange racks serviced by this facility. Use additional sheets if necessary.

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Retailer Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

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## LP Gas Permit Holders

List **ALL** principals or employees who have passed the required examinations or have a pending application with the Board – use additional sheets if needed.

The Board may only issue licenses when provided with satisfactory evidence of principals or employees who have passed the required examinations per S.C. Code of Laws 40-82-220. If employment status changes for the below individuals, please notify the Board within ten (10) business days.

Employee permit applications are located on the Board’s website under “Applications and Forms.”  
<https://llr.sc.gov/lp/pub.aspx>

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
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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 Gas 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