



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 Transporter

INSTRUCTIONS

Submit the following with your application to the above address:

- Payment by Check, Money Order, or Credit Authorization Form only, in the amount of \$500 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).

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

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

SWORN before me this ____ day of _____, 20_____.

Notary Signature: _____

Notary Seal Here

Print Name: _____

Notary for the State of: _____

My Commission Expires: _____



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

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