



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334

Phone: 404-656-9636 ♦ Fax: 770-344-4854 ♦ Email: hazmat@sfm.ga.gov



www.oci.ga.gov

**HAZARDOUS MATERIALS**  
GID-248A-SF JUN2015  
(same as SFD-29)

**LIQUEFIED PETROLEUM GAS LICENSE APPLICATION**

Pursuant to the provisions of the Liquefied Petroleum Act of Georgia (Act of 1949 as amended), the undersigned applicant does herewith submit the required fee for the permanent license validation with a full and complete knowledge and understanding as to all of the safety and procedural standards as promulgated in O.C.G.A. Section 10-1-262. et seq. and the applicable Rules and Regulations. \* A minimum storage facility of 30, 000 gallon capacity is required within close proximity to the area served for each applicant.

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

**Owner Information/Gas Supplier**

Name of Owner							
Physical Address							
City		State		Zip		Phone No.	

Do you own your storage tank (minimum 30,000 gallons)? Yes  No

If "No", a duly executed lease agreement (FM 351) may be submitted to the State Fire Marshal to satisfy this requirement.

**Business Information**

Name of Business at site (if applicable)							
Site Address							
City		State		Zip		Phone No.	
Bulk Storage	<input type="checkbox"/>	Cylinder Filling Plant	<input type="checkbox"/>	No. of Tanks		Capacity of each tank	

2000 water gallons or less = \$150.00  Check No.

More than 2000 water gallons = \$600.00  Check No.

Please enclose a one-time license fee of \$150.00 or \$600.00 made payable to Georgia Dept. of Insurance-Safety Fire Division.

**ADDRESS TO REMIT BY MAIL:**

Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

**ADDRESS TO REMIT BY COURIER:**

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

**QUALIFICATION OF PERSONNEL:** In the interest of safety, all persons employed in handling LP Gases shall be trained in proper handling and operating procedures, which the employer shall document. Affidavits, certificates of CETP or equivalency shall be provided as evidence of training and/or qualifications.

**FIRE SAFETY ANALYSIS:** A Fire Safety Analysis shall be completed by the local fire official using the criteria set forth in NFPA 58, Section 3-10.

**ATTENTION:** Each section of this application requires a complete response. Failure to complete as requested will result in delay of processing or possible rejection of this application.

<b>Signature of LP Gas Dealer/Owner of Tank</b>	<b>Title</b>	<b>Date</b>
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\*\*\*\*\*Fill-out Insurance Certification Information or attach a Certificate of Liability Insurance Form \*\*\*\*\*

**Insurance Certification Information (To Be Completed by Insurance Carrier Only)**

Name of Insurance Carrier				Name of Insurance Agency			
Street Address				Phone No.			
City		State		Zip		Certified By	
Policy Number				Effective Date			
General Liability Including Products and Complete Operations				More than 2,000 Gallon capacity		\$1,000,000 combined single limit	
General Liability Including Products and Complete Operations				2,000 gallon Capacity or less		\$500,000 combined single limit	
Comprehensive Auto Liability Including Hire & Non-Owned				\$1,000,000 combined single limit			

<b>NOTARY</b>	Sworn to and Subscribed before Me this _____ day of _____, _____.	( Seal )
	_____ (Notary Public)	
	_____ (My Commission Expires)	