



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
3rd FLOOR, 500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1159
Phone (615) 741-1322 – Fax (615) 741-1583

**Application for Dealer's License
for the Sale and Handling of Liquefied Petroleum Gas and/or Containers**

1. Complete the entire application and submit the proper fee. See the list of operation types below for the fee amount. Checks or money orders should be made payable to the Department of Commerce and Insurance
2. The applicant must be at least 21 years of age.
3. The applicant must submit evidence of at least three (3) years experience in the liquefied petroleum gas business through a signed written statement from supervisor(s) or equivalent who worked with this person for a period totaling three years, or evidence of attendance at safety and handling training classes designed and established by the National Propane Gas Association.
4. Submit a certificate of liability insurance indicating coverage in minimum limits of five hundred thousand dollars (\$500,000.00) in the case of injury to any one (1) person or one million dollars (\$1,000,000) in the case of any one (1) accident, or by the execution and filing of a bond for a like amount or by the deposit of one million dollars (\$1,000,000.00) cash with the state fire marshal's office. Detailed insurance requirements are located at the end of this application.
5. The applicant and RME (except Class V) must both pass a state examination proving adequate knowledge of regulations promulgated by the state fire marshal's office.
6. Submit evidence of a completed, approved DOT inspection for all standard bob-tailed vehicles.
7. Installation of storage tanks and accessories as set forth in NFPA 58 for bulk storage must be completed. Notify this office when you are ready for final inspection of installation (except Class V).
8. Class I applicants must submit a plot plan showing proposed minimum 30,000 w.c. storage tank location, distance from property line, highway right of way, and buildings (50 feet minimum distance, 200 feet from main rail line or siding) pier and piping details, and industrial fencing of at least six (6) feet in height, with two means of access and egress. The location must be approved by the State Fire Marshal in advance of the application.
9. Class V applicants must submit blueprints and specifications in duplicate for each type of container, for approval by the Codes Enforcement Section of the State Fire Marshal's Office. (Tenn. Code Ann. §68-135-104).

Business Name _____

Ownership Type (partnership, corporation or sole proprietorship) _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Site Address: Street _____

City _____ State _____ Zip _____

County _____ Telephone Number () _____ Fax () _____

Date of Origin of Business ____/____/____ Supplier _____

Satellite Storage Location _____
Address _____ County _____

Operation Type:

Class I: ____ Bulk Storage (Minimum 30,000 water gal. storage), \$150.00, Applicant/RME Test Required

Class II: ____ Bottle Storage (Minimum 500 water gal. storage or approved vehicle mounted 500 water gal. container), \$35.00, Applicant/RME Test Required
Will this dealer be filling cylinders by weight from approved mobile equipment? ___Yes ___No

Class III: ____ Service Station Operations (Refrigeration and/or motor fuel), \$35.00, Applicant/RME Test Required

Class IV: ____ LP Refineries, Jobbers or Sellers, \$150.00, Applicant/RME Test Required

Class V: ____ LP Container Sales, \$100.00, Applicant Test Required

To be filled out by the **applicant**, or for a firm or corporation, the person charged with active management

Name: _____
Print Full Name Certification Number

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ Social Security # _____ Birth Date _____

The applicant must designate a **Responsible Managing Employee (R.M.E.)** in this box (except Class V)
All R.M.E's must maintain compliance with state Liquefied Petroleum Gas Safety Regulations, Rule 0780-2-17.03
(Use space on back of application for additional R.M.E.s if needed)

Name: _____
Print Full Name Certification Number

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ Social Security # _____ Birth Date _____

Applicant's Signature

Date

ALL LICENSE'S EXPIRE DECEMBER 31 OF EACH YEAR

Detailed Insurance Requirements

Class I

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000
2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 500,000
Aggregate..... 1,000,000
3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000
4. Products property damage liability insurance.
Each person.....\$ 500,000
Aggregate.....1,000,000
5. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
6. Automobile property damage liability insurance.
Each accident.....\$ 20,000

Class III

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000
2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$1,000,000
Aggregate..... 1,000,000
3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000
4. Products property damage liability insurance or garage liability bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000
5. Garage liability property damage liability insurance.
Each accident.....\$ 1,000,000

Class V

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000
2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 1,000,000
Aggregate.....1,000,000
3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000

Class II

1. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate..... 1,000,000
2. Products property damage liability insurance.
Each accident.....\$ 500,000
Aggregate.....1,000,000
3. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
4. Automobile property damage liability insurance.
Each accident.....\$ 20,000

Class IV

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000
2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 500,000
Aggregate..... 1,000,000
3. Products bodily injury liability insurance.
Each accident.....\$ 500,000
Aggregate.....1,000,000
4. Products property damage liability insurance.
Each person.....\$ 500,000
Aggregate..... 1,000,000
5. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
6. Automobile property damage liability insurance.
Each accident.....\$ 20,000



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
ADMINISTRATIVE SERVICES SECTION
Permits and Licenses Unit
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
Phone: (615) 741-1322, Fax: (615) 741-1583

LP Gas Dealer Change of Designated Responsible Managing Employee (R.M.E.)

Company Name

License Number

Site Address

City, State, Zip

I, _____, am the **APPLICANT** at this facility.
Print Name Certification Number

AND

I hereby add the person(s) identified below as newly designated R.M.E.(s) at the site identified above and they will comply with state Liquefied Petroleum Gas Safety Regulations, Rule 0780-2-17-.03 in its entirety. (Individuals that have not passed the state exam cannot be R.M.E.s. Submit their name, home address, home phone number and social security number on the back of this form to begin the examination process.)

Name and Certificate Number

Name and Certificate Number

I hereby remove the following person(s) as designated R.M.E.(s) at the site identified above (At least one R.M.E. must be designated at every site location).

Name and Certificate Number

Name and Certificate Number

Applicant

Date



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500 JAMES ROBERTSON PARKWAY
THIRD FLOOR
NASHVILLE, TENNESSEE 37243
Phone (615) 741-2981 – Fax (615) 741-1583**

L.P. Gas Study Material

The reference materials should be limited to the 1999 edition of NFPA 54, National Fuel Gas Code, and the 1998 edition of NFPA 58, Standard for Storage and Handling of L.P. Gas, and the Tennessee Laws, Rules and Regulations. Your propane supplier may be able to provide you with NFPA 54 and 58 or you may call N.F.P.A. at 1-800-344-3555.