

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: lpg@ibol.idaho.gov

APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) DEALER LICENSE

INSTRUCTIONS

The following application consists of this instruction page and two pages that require responses. Please read all questions carefully and complete the entire application by providing all requested information. Some questions may require additional documentation and your application cannot be processed until the Bureau receives all required documentation. You are responsible to order documentation that must be received directly from third parties, and to instruct the third party to send the documents directly to the Board office at the address below. If you are unable to provide any required documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. Your signature must be notarized and the appropriate fees must be attached. Be sure to attach any requested supplemental information. Submit the completed form to the address noted below. The Board will consider only properly completed applications. Failure to provide a complete application, supporting documentation, and fees will result in a delay in your license.

INDIVIDUAL DEALERS

If you are applying for an individual dealer license, you must document the following:

1. Proof of being at least eighteen (18) years of age (copy of birth certificate, driver's license, or government issued ID);
2. Proof of successful completion of a Certified Educational Training Program (CETP) within the previous 36 months of making application approved by the board;
3. Proof of experience;

ENDORSEMENT

The Board may approve licensure for applicants who hold current, unsuspended, unrevoked or otherwise nonsanctioned licenses in another state or country, whenever the Board determines that the other state or country has licensing requirements substantially equivalent to or higher than Idaho's. Such applicants must submit the required application, supporting documentation, and the required fee. The Board may require applicants who received their professional education or experience outside of the United States to provide additional information. The Board may also require successful completion of additional course work or examination.

Your original license will expire on your next birthday plus 12 months and must be renewed to allow continued practice. A renewal notice will be sent to the mailing address you provide approximately 6 weeks prior to the expiration date. Failure to notify the Bureau in writing of any change of name or address may result in you not receiving renewal forms or other correspondence.

APPLICATION FEE	\$ 30.00
ORIGINAL INDIVIDUAL LICENSE FEE	\$ 75.00

Note: All returned checks are subject to a \$20.00 fee.

Questions regarding this application or the requirements for licensure may be addressed to the address above, e-mailed to lpg@ibol.idaho.gov or (208) 334-3233:

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I hereby make application for licensure in Idaho under the provisions of Idaho Code Title 54, Chapter 53 for an Individual License.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Business Address** _____
 (The above address is a public record) Street City State Zip

3. **Mailing Address** _____
 (Only a public record if no address of record provided above) Street/PO Box City State Zip

4. **Individual: Date of Birth** ____/____/____ **Social Security No.** ____/____/____
 You must attach proof of age mm dd yyyy Idaho Code § 73-122, requires all applicants to provide a Social Security number.

5. **Business phone** (____) _____ **Cell phone** (____) _____
 (The above phone number is a public record) (The above phone number is not a public record)

6. **E-mail** _____

7. **Are you a citizen of the United States?** () Yes () No
 (If No, you must provide documentation confirming that you may lawfully reside and do business in the United States.)

8. **Have you or any other person referenced by this application ever held a license or been registered as an LPG dealer or for an LPG facility in any jurisdiction (any city, county, state or federal entity)?** () Yes () No
 (If Yes, list the jurisdictions & license numbers.)

9. **Have you or any other person referenced by this application ever had an LPG license or registration revoked, suspended or otherwise sanctioned in any state within the past 5 years?** () Yes () No
 (If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

10. **Have you ever been convicted of or pled guilty to a felony or any crime involving moral turpitude?** () Yes () No
 (If Yes, you must attach: (a) your detailed statement of explanation, (b) the official court documents including a summary of the charges, the final order, and a detailed case summary sheet, (c) a status letter from your probation/parole officer, and (d) any other relevant information. A Yes response DOES NOT constitute ineligibility.)

11. **Have you successfully completed the Basic CETP course within the preceding 36 months?** () Yes () No
 (If Yes, documentation of successful completion must be attached.)

12. **Have you successfully completed 1 year of supervised experience within the preceding 18 months?** () Yes () No
 (If Yes, you must complete the EXPERIENCE ADDENDUM.)

AFFIDAVIT

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing LPG dealer practice. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau to release the information provided on this application about me that may otherwise be protected or confidential to other governmental agencies upon request.

 Print Applicant Name

 Signature of Individual Applicant

State of _____, County of _____, ss

Subscribed and sworn before me this ____ day of _____, 20 ____

(seal)

 Notary Public Official Signature
 My Commission Expires _____

STATE OF IDAHO
IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
BUREAU OF OCCUPATIONAL LICENSES
(continue)

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EXPERIENCE ADDENDUM

WORK EXPERIENCE: Please list all applicable work experience obtained. Include employer names, addresses, phone numbers and dates of practice. Experience must be verifiable by a person other than the applicant.

Name of Business _____

Supervisor's Name _____

Employer Address _____

Street

City

State

Zip

Phone # _____ **E-mail:** _____

Experience: From ___/___/___ **To** ___/___/___
mm/dd/yyyy mm/dd/yyyy

Name of Business _____

Supervisor's Name _____

Employer Address _____

Street

City

State

Zip

Phone # _____ **E-mail:** _____

Experience: From ___/___/___ **To** ___/___/___
mm/dd/yyyy mm/dd/yyyy

Name of Business _____

Supervisor's Name _____

Employer Address _____

Street

City

State

Zip

Phone # _____ **E-mail:** _____

Experience: From ___/___/___ **To** ___/___/___
mm/dd/yyyy mm/dd/yyyy

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