

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSpscCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR LIQUEFIED GAS SUPPLIER RESTRICTED APPLICATION

REQUIREMENTS FOR CREDENTIAL:

Per [Wis. Admin. Code § SPS 305.73](#), no person may engage in the business of filling containers with liquefied petroleum gas that is intended to be used directly from the containers as fuel, unless the person holds a license issued by the Department as a licensed Liquefied Gas Supplier or Liquefied Gas Supplier Restricted, except as provided under either of the following conditions:

- a. The business is engaged in only filling containers that have a water capacity of less than 4 pounds.
- b. The filling of the containers with liquefied petroleum gas is for the person's or the entity's own use.

A person who holds a license as a licensed Liquefied Gas Supplier Restricted shall be limited to filling only Department of Transportation cylinders with liquefied petroleum gas.

A person who holds a Liquefied Gas Supplier Restricted license shall:

- Maintain commercial general liability insurance as specified in [Wis. Stats. §101.16 \(3r\)\(b\)](#).
- Notify the Department at least 60 days before cancelling, revoking, suspending or failing to renew the insurance.
- Provide written information notices to customers in accordance with [Wis. Stats. § 101.16 \(4\)\(c\)](#).

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application and Fee:** The fee consists of a \$15.00 application fee and a \$40.00 credential fee, based on a 2-year term from the date of issuance.
2. **Business Representative:** The person applying for a Liquefied Gas Supplier license shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.
3. **Commercial General Liability Insurance:** A retailer who only fills Department of Transportation cylinders or who only fills containers for engine and recreational vehicle fueling systems as a licensed Liquefied Gas Supplier Restricted shall maintain commercial general liability insurance in the amount of \$500,000 per occurrence with an annual aggregate of \$1,000,000 for compensating 3rd parties for bodily injury and property damages for incidents associated with the release of liquefied petroleum gas.

A person applying for a Liquefied Gas Supplier Restricted license shall provide the following under [Wis. Stats § 101.16 \(3r\)\(c\)](#):

Commercial General Liability Insurance as an endorsement to an existing policy or as a separate policy from an insurer, or a risk retention group, that is licensed to transact the business of insurance in this state or that is eligible to provide insurance as a surplus lines insurer in one or more states. **Attach** a copy of your current insurance certificate. **The certificate must indicate all the following:**

- The Certificate Holder listed as: Department of Safety and Professional Services, Trades Credentialing, P.O. Box 7082, Madison, WI 53707-7082. (Note: The certificate holder information is usually located in the lower left hand corner on the certificate.)
- The commercial general liability insurance should be issued in the amounts listed above.

To confirm the license status of the insurance company, visit the Wisconsin Office of the Commissioner of Insurance website at: <https://sbs-wi.naic.org/Lion-Web/jsp/sbsreports/CompanySearchLookup.jsp>.

For information on Gas System Certificate of Installations, see the Division of Industry Services website: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/> and select "Gas Systems."

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING APPLICATION FOR LIQUEFIED GAS SUPPLIER RESTRICTED LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Business Name <input style="width: 95%;" type="text"/>	Business FEIN <input style="width: 95%;" type="text"/>
Business Address (street, city, state, zip) <input style="width: 95%;" type="text"/>	Business Telephone Number <input style="width: 95%;" type="text"/>
Business Email Address <input style="width: 95%;" type="text"/>	
Has this business ever held a Trades credential in WI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number: <input style="width: 150px;" type="text"/>	

Business Representative's Title (owner, partner, chairman of the board or chief executive officer) <input style="width: 95%;" type="text"/>			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 95%;" type="text"/>	
Social Security # <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Email Address <input style="width: 95%;" type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see Page 2 for further information)

Initial Credential Fee
 \$ 15.00 Application Fee
 \$ 40.00 Credential Fee
\$ 55.00 Total Fee Attached

Reinstatement Fee (credential expired more than 2 years)
 \$ 15.00 Application Fee
 \$ 40.00 Credential Fee
 \$ 25.00 Late Renewal Fee
\$ 80.00 Total Fee Attached

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee and Application (including signature on Page 2)

Supporting Documentation (see Page i for instruction, i.e. commercial general liability insurance)

Is name on all credentials the same? If not, list former/maiden name(s):

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /