

Liquefied Gas Supplier License



Your application will not be processed or will be delayed unless you:

- 1. Complete the application including signing and dating the first page.
- 2. Write in your social security number.
- 3. Attach the specified documents listed on this application.
- 4. Attach the specified fee listed on this application.
- 5. Make a photocopy of the completed application for your records.

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The department may also provide this information to requesters pursuant to Wisconsin’s open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license per Wisconsin Stats, but they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Business Information		Contact Person Information	
Federal Employer Identification Number (FEIN):		Social Security Number:	
Business Name:		Individual’s Name :	
No. & Street, or P.O. Box:		Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:		City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:		Country, If Other Than United States:	
Business Telephone No. (include area code):		Telephone No. (include area code):	
If Available, Business Fax No. (include area code):			

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

*The individual applying for a business credential 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.

Applicant’s Signature

Date (mo/day/yr)

Send application and payment to: DSPTS Trades Credentialing, PO Box 78780, Milwaukee, WI 53293-0780.

Overnight mail delivery and office location: DSPTS Trades Credentialing, 1400 East Washington Ave., Madison, WI 53703

All other correspondence: DSPTS Trades Credentialing, , PO Box 7082, Madison, WI 53707 Phone: 608-261-8467. TTY: Contact through Relay or DspsSbCredentialing@wi.gov.

Credential Fee (nonrefundable): \$75.00 class code 8258

Make checks payable to: State of WI – DSPTS. The fee consists of a \$15 application fee and a certification fee of \$60. The credential will be effective for 2 years from the date of issuance.

Are you a Veteran?

Are you requesting a waiver of your initial credentialing fee?

- Yes Provide a copy of your Department of Veterans Affairs voucher code. DVA Voucher Code: _____
- No Submit the fee of \$75.

You may contact DVA at 1-800-WisVets or www.WisVets.com for assistance in obtaining your DVA Voucher Code.

Reason for License: As of August 1, 2009, 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.

Requirements for Liquefied Gas Supplier license: A person who holds the Liquefied Gas Supplier license shall:

- 1) Maintain proof of financial responsibility specified in s. 101.16 (3r) (a) or (b), Stats;
- 2) Notify the department at least 60 days before cancelling or failing to renew financial responsibility; and
- 3) Provide written information notices to customers in accordance with s. 101.16 (4) (c), Stats.

Apply by one of the following:

1. Retail Supplier who fills containers with liquefied petroleum gas that is intended to be used directly from containers as fuel

A person applying for Liquefied Gas Supplier license shall provide **one** of the following proofs of financial responsibility under s. 101.16 (3r) (c), Stats: Licensed Liquefied Gas Suppliers shall maintain proof of financial responsibility in the amount of \$1,000,000 per occurrence with an annual aggregate of \$2,000,000 for compensating 3rd parties for bodily injury and property damages for incidents associated with the release of liquefied petroleum gas.

1. **A Surety bond** that is issued by a surety company that is listed as an acceptable surety for federal bonds on the date that the surety bond is obtained in the most recently published U.S. department of the treasury's circular 570. The bond should be executed in the name of the State of Wisconsin in the amounts listed above. **ATTACH A COPY OF THE BOND TO THIS APPLICATION.**
2. **An irrevocable letter of credit** that is issued by a financial institution that is authorized to do business in this state or that is federally chartered. The letter of credit shall be for an initial period of at least one year. The letter should be addressed to the State of Wisconsin in the amounts listed above. **ATTACH A COPY OF THE LETTER TO THIS APPLICATION.**
3. **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 (not expired) INSURANCE CERTIFICATE TO THIS APPLICATION. The certificate must indicate the following:**
 1. The Certificate Holder is: DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES, TRADES CREDENTIALING; PO BOX 7082, MADISON, WI 53707-7082. (NOTE: the certificate holder information is usually located in the lower left hand corner on the certificate);
 2. The company/person is insured for at least \$1,000,000 dollars per occurrence of general liability insurance; **and**
 3. An annual aggregate of \$2,000,000 for compensating 3rd parties for bodily injury and property damages for incidents associated with the release of liquefied petroleum gas.

2. Retail Supplier who only fills containers for engine and recreational vehicle fueling systems

A person applying for Liquefied Gas Supplier license shall provide **one** of the following proofs of financial responsibility under s. 101.16 (3r) (c), Stats: Licensed Liquefied Gas Suppliers shall maintain proof of financial responsibility 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.

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 2. The company/person is insured for at least \$500,000 dollars per occurrence of general liability insurance; **and**

3. 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.

Gas Systems Plan Submittal Procedures

<http://dsps.wi.gov/sb/docs/SB-FormGasSystemsSubmProcedures09-2012.pdf>

Gas Systems Installation Application

<http://dsps.wi.gov/sb/docs/SB-FormGasSystemsInstall6038%2009-12.doc> (State Contractor)

<http://dsps.wi.gov/sb/docs/SB-district%203%20SB-FormGasSystemsInstall6038%2009-12.doc> (State Inspectors)

Gas Systems Certificate of Installation

<http://dsps.wi.gov/sb/docs/sb-FormGasSysInstall9656E.doc>