

Instructions for Completing Application for Permits

(Class 1 – Class 10)

1. All completed Applications must be received in the LC Gas Office no later than 48 hours **prior** to the LC Gas Board Meeting for consideration by the Board see website below for the next Board meeting.

www.mid.ms.gov/ or www.mid.ms.gov/statefiremarshal/lcgas/liquefiedcompressedgas.sapx

Requests for all exceptions must be discussed and approved by the LC Gas Director.

All blanks on application must be completed or N/A. Incomplete applications will be returned.

2. Only Application on Application Forms dated November 14, 2012, will be accepted.
3. All insurance limits must be on ACORD Forms (no other forms are accepted) with the Following additional information:
 - A. Description of operation/locations/vehicle (if applicable) block completed.
 - B. MS Insurance Department, LC Gas Division, P. O. Box 79, Jackson, MS 39205 listed as the Certificate holder.
 - C. Incomplete forms will be returned.
4. Class 3, 7, 8, 9 and 10 applicants must provide some evidence of certification of qualified training **prior** to Board consideration.
5. Class 1 and 8 applicants must have onsite inspection completed by the LC Gas Division, **prior** to Board consideration.
6. Application Form 74-100-16-1-1-000 - Compressed Gas Form - please call Mississippi Department of Revenue (601) 923-7150.

NOTICE: ANY DEDUCTIBLE OR SELF RETENTION MUST BE DISCLOSED

INSURANCE REQUIREMENTS

(CLASS 1, 2, 3, 4, 5, & 6)

(ACORD COVERAGE MUST ACCOMPANY APPLICATION AND POLICY RENEWAL)

	<u>LIMITS OF LIABILITY</u>	
	Each Occasion	Aggregate
MANUFACTURERS AND CONTRACTORS PUBLIC LIABILITY	\$1,000,000	\$1,000,000
MANUFACTURERS AND CONTRACTORS PRODUCTS LIABILITY	\$1,000,000	\$1,000,000

WORKERS' COMPENSATION/EMPLOYERS LIABILITY AS REQUIRED BY STATE STATUTE

	<u>BODILY INJURY PROPERTY DAMAGE</u>		
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT
AUTOMOBILE PUBLIC LIABILITY (Required For Hazardous Material Placard Vehicles Only)	\$500,000	\$ 1,000,000	\$1,000,000

INSURANCE REQUIREMENTS

(CLASS 7, 8, 9 &10)

(ACORD COVERAGE MUST ACCOMPANY APPLICATION AND POLICY RENEWAL)

	<u>LIMITS OF LIABILITY</u>	
	<u>EACH OCCASION</u>	<u>AGGREGATE</u>
MANUFACTURERS AND CONTRACTORS PUBLIC LIABILITY	\$100,000	\$300,000
MANUFACTURERS AND CONTRACTORS PRODUCTS LIABILITY	\$100,000	\$300,000

WORKERS' COMPENSATION/EMPLOYERS LIABILITY AS REQUIRED BY STATE STATUTE



MISSISSIPPI INSURANCE DEPARTMENT
 P.O. BOX 79, JACKSON, MS 39205 Telephone: 601-359-3582
 MIKE CHANEY, Commissioner of Insurance
 MARK HAIRE, Deputy Commissioner of Insurance

DEPARTMENT USE ONLY

STATE LIQUEFIED COMPRESSED GAS BOARD PERMIT APPLICATION

Privilege Tax: \$ _____

Type of Business Permit Applied For* (check one or more):

- Individual Partnership Corporation LLC Other _____

*Each partner, shareholder, or member having a 5% or greater equity interest in the entity must complete a separate application.

- () CLASS 1 DISTRIBUTE LP-GAS TO CONSUMER (Minimum 30,000 W.C. Bulk Storage Required, No containers smaller than 4,000 gallons may be used to meet the minimum. There must be at least one container of 14,000 gallons or more capacity) (Includes Class 3,5,7,8,9&10)
- () CLASS 2 DISTRIBUTE ANHYDROUS AMMONIA TO CONSUMER
- () CLASS 3 SELL, INSTALL, ALTER, CHANGE OR REPAIR LC-GAS SYSTEMS OR CONTAINERS
- () CLASS 4 TRANSPORT OR DISTRIBUTE LC-GAS (Wholesale to Class 1 Dealers Only)
- () CLASS 5 DISTRIBUTE OR TRANSPORT FILLED LC-GAS CYLINDERS
- () CLASS 6 MANUFACTURE AND DISTRIBUTE LC-GAS CONTAINERS
- () CLASS 7 SELL, INSTALL, ALTER CHANGE OR REPAIR LC-GAS APPLIANCES ONLY
- () CLASS 8 FILL LP-GAS CYLINDERS AND/OR MOTOR FUEL CONTAINERS
- () CLASS 9 INSTALL, ALTER, CHANGE OR REPAIR LC-GAS CARBURETION SYSTEMS
- () CLASS 10 CALIBRATE LP-GAS METERING EQUIPMENT

Last Name JR./SR. etc		First Name		Middle Name		Date of Birth (MM) ___ (DD) ___ (YR) ___	
Social Security Number	Residence/Home Address (Physical Street)			City, State		Zip Code	Foreign Country
Home Phone Number () -		Gender (Circle One) Male Female		Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
Individual Applicant Email Address:		Business Entity Name					
Business Address (Physical Street)		P.O. Box	City	State	Zip Code	Foreign Country	
Business Phone (Plus Extension) () -	Business Fax () -		Business E-Mail Address			Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City	State	Zip Code	Foreign Country	
a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.							
b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)							

Employment History

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	Country	From		To		Position Held
				Month	Year	Month	Year	

Background Information

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

Note: "Crime" includes a misdemeanor, a felony or a military offense.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges except for charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license which must be reported.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to any bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

3. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

4. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and,
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had a permit or insurance policy terminated due to accidents or misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

6. Do you have a child support obligation in arrearage?

Yes ___ No ___

If you answer yes,

a) By how many months are you in arrearage?

_____ Months

b) Are you currently subject to and in compliance with any repayment agreement?

Yes ___ No ___

c) Are you the subject of a child support related subpoena/warrant?

Yes ___ No ___

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)