

## 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 **one week prior** to the LC Gas Board Meeting for consideration by the Board see website below for the next Board meeting.

[www.mid.ms.gov/](http://www.mid.ms.gov/) or [www.mid.ms.gov/statefiremarshal/lcgas/liquefiedcompressedgas.sapx](http://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 Applications on Application Forms dated March 2018 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.
7. Class 8 applicants must complete the "Additional Information" section on page 3 of the application.

**NOTICE: ANY DEDUCTIBLE OR SELF RETENTION MUST BE DISCLOSED**

**INSURANCE REQUIRMENTS**

**(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

## **Permit Class Definitions**

\*Note: The definitions included below are not meant to be all-inclusive and are only meant to provide a brief overview of key requirements or activities allowed under each Permit Class. The Liquefied Compressed Gas ("LC-Gas") Board and/or the Mississippi Insurance Department reserve the authority to determine which Permit Classes apply in certain situations.

**Class 1: DISTRIBUTE LIQUEFIED PETROLEUM GAS ("LP-GAS") TO CONSUMER (DEALERS PERMIT)** – Holder may sell, distribute, store, or transport LP-GAS to consumers and may engage in any other LC-Gas activities allowed by Permit Classes 3, 5, 7, 8, 9 & 10. Holder shall locate, within Mississippi, a propane storage container of not less than fourteen thousand (14,000) water gallons capacity and an aggregate total of propane storage containers of not less than thirty thousand (30,000) water gallons capacity for each such Permit granted. No containers smaller than four thousand (4,000) water gallons capacity may be used to meet the thirty thousand (30,000) water gallons capacity aggregate total propane storage requirement. Holder may not engage in activities allowed under the following Permit Classes and/or the following Permit Classes do not apply to Class 1 Permit Holders: Permit Classes 2, 4 & 6.

**Class 1A: BRANCH DEALER TO A CLASS 1 DEALER** – Holder may operate an individual branch, division, or sub-division of a Class 1 Permit Holder and may act as an agent of a Class 1 Permit Holder.

**Class 2: DISTRIBUTE ANHYDROUS AMMONIA TO CONSUMER** – Holder may store, sell, transport or distribute anhydrous ammonia to consumers for commercial fertilizer purposes only.

**Class 3: SELL, INSTALL, ALTER, CHANGE OR REPAIR LC-GAS SYSTEMS OR CONTAINERS** – Holder may sell, install, alter, change or repair LC-Gas systems or containers.

**Class 4: TRANSPORT OR DISTRIBUTE LC-GAS** – Holder may transport or distribute LC-Gas to Class 1 Permit Holders, containers, railcars or holding terminals in Mississippi.

**Class 5: DISTRIBUTE OR TRANSPORT FILLED LC-GAS CYLINDERS** – Holder may sell, deliver, transport and service LC-Gas cylinders. Holder may establish cylinder exchange stations, deliver filled cylinders to exchange locations, service cylinders throughout Mississippi, or deliver filled cylinders to consumers.

**Class 6: MANUFACTURE AND DISTRIBUTE LC-GAS CONTAINERS** – Holder may manufacture and distribute LC-Gas containers or equipment to other Mississippi LC-Gas Permit Holders.

**Class 7: SELL, INSTALL, ALTER, CHANGE OR REPAIR LC-GAS APPLIANCES ONLY** – Holder may sell, install, alter, change or repair LC-Gas piping and appliances on the downstream side of the tank outlet valve only. Holder may not sell, install, alter, change or repair LC-Gas containers.

**Class 8: FILL LC-GAS CYLINDERS AND/OR COMPRESSED GAS MOTOR FUEL CONTAINERS** – Holder may fill LC-Gas cylinders and/or compressed gas motor fuel containers from a stationary filling station.

**Class 9: SELL, INSTALL, ALTER, CHANGE OR REPAIR LC-GAS AND/OR OTHER COMPRESSED GAS CARBURETION SYSTEMS** – Holder may sell, install, alter, change or repair LC-Gas and/or other compressed gas carburetion systems used on internal combustion engines that are permanently mounted on motor vehicles.

**Class 10: CALIBRATE LC-GAS METERING EQUIPMENT** – Holders may calibrate and/or repair LC-Gas metering equipment.



# 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 Liquefied Compressed Gas ("LC-Gas") Permit Applied For\* (check one or more):

- ☐ Individual ☐ Business Entity (please specify: ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_)
- ❖ Information on each owner (i.e. partner, shareholder, officer, director, member, or manager) having an equity interest in the Business Entity must be included in the Ownership Structure section below.
- ☐ **CLASS 1** DISTRIBUTE LIQUIFIED PETROLEUM GAS ("LP-GAS") TO CONSUMER (DEALERS PERMIT) (Includes Class 3,5,7,8,9&10)
- ☐ **CLASS 1A** BRANCH DEALER TO A CLASS 1 DEALER
- ☐ **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
- ☐ **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 LC-GAS CYLINDERS AND/OR COMPRESSED GAS MOTOR FUEL CONTAINERS
- ☐ **CLASS 9** INSTALL, ALTER, CHANGE OR REPAIR LC-GAS AND/OR OTHER COMPRESSED GAS CARBURETION SYSTEMS
- ☐ **CLASS 10** CALIBRATE LC-GAS METERING EQUIPMENT

### Individual Permit

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
Mailing Address			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 Permit

Business Entity Name					
Business Address (Physical Street)		City	State	Zip Code	Foreign Country
Business Mailing Address		City	State	Zip Code	Foreign Country
Business Phone (Plus Extension) ( ) -	Business Fax ( ) -	Business E-Mail Address		Business Web Site Address	
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)					
Official Contact Person ("OCP") Name		OCP Phone (Plus Extension) ( ) -	OCP Fax ( ) -	OCP Email	

### Ownership Structure (identify each owner having an equity interest in the business entity):

Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____

### Work Experience

If applying as an Individual, provide a brief summary of prior work experience in the LC-Gas industry. If applying as a Business Entity, provide a brief summary of the Business Entity's history in the LC-Gas industry as well as a summary of each owner's relevant prior work experience. Summaries can be attached to this application if additional space is needed.

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### Background Information

The Applicant must read the following very carefully and answer every question. Depending on the Permit being applied for, the term "Applicant" means either the person named in the Individual Permit section above or the Business Entity, **including its owners**, named in the Business Entity Permit section above. All written statements submitted by the Applicant must include an original signature.

1. Has the Applicant ever held an LC-Gas Permit in any other State? Yes ☐ No ☐

If you answer yes, list the States and license numbers. Attach information to this application if additional space is needed.

2. Has the Applicant ever had an LC-Gas Permit revoked, suspended or otherwise been sanctioned in any state within the past 5 years? If you answer yes, a copy of the charges and final order must be attached to this application. Yes ☐ No ☐

3. Has the Applicant ever been convicted of a crime or had a judgment withheld or deferred? Or is the Applicant 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.

4. Is the Applicant currently a party to, or has the Applicant ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of negligence, fraud, or misrepresentation in conducting LC-Gas business? 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, arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

5. Has any demand been made or judgment rendered against the Applicant for overdue monies by an insurer or has the Applicant 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.

6. Has the Applicant 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 explaining why you feel this incident should not prevent you from receiving a Permit, and
- b) copies of all relevant documents.

### Additional Information

**\*Note: Only Class 8 Permit Applicants Should Complete This Section\***

Class 8 Permit Applicants must provide information of the Dealer associated with the LC-Gas Dispensing System:

Dealer Name: \_\_\_\_\_

Dealer Address: \_\_\_\_\_

Dealer Phone Number: \_\_\_\_\_

### Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. Applicant hereby certifies that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. Applicant is aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for Permit revocation or denial of the Permit and may subject Applicant to civil or criminal penalties.
2. Applicant either has or will obtain the necessary experience and competency in the LC-Gas business for which the permit being applied for covers or the Applicant has or will employ a person with the necessary experience and competency.
3. Unless provided otherwise by law or regulation of the jurisdiction, Applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its agent for service of process regarding all LC-Gas or 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 itself.
4. Applicant further certifies that it grants 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.
5. Applicant authorizes the jurisdictions to which this application is made to give any information concerning the Applicant, as permitted by law, to any federal, state or municipal agency, or any other organization and Applicant releases the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. Applicant hereby certifies that upon request, Applicant will furnish the jurisdiction(s) to which Applicant is 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)