

IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.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 Division 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 above. 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 above. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

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 – a clear and readable copy of a government-issued photo ID such as a passport, military ID or valid driver’s license is acceptable;
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 non-sanctioned 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 Board 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.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: lpg@ibol.idaho.gov

APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) DEALER LICENSE

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.** ____/____/____
mm dd yyyy (This is not a public record; required by Idaho Code § 73-122.)
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)
5. **Business Phone** (____) _____ **Cell Phone** (____) _____
(The above number is a public record.) (The above number is not a public record.)
6. **E-mail** _____
(This is not a public record; required by I.C. § 67-2609.)
7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No
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)?**
(If Yes, list the jurisdictions & license numbers.) () Yes () No

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?**
(If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.) () Yes () No
10. **Have you ever been convicted of or pled guilty to a felony or any crime involving moral turpitude?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)
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

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Print Applicant Name

Signature of Applicant

State of _____, County of _____, ss

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

(seal)

Notary Public Official Signature
My Commission Expires _____

IDAHO LIQUEFIED PETROLEUM GAS SAFETY BOARD
Idaho Division of Occupational and Professional Licenses
(continued)

APPLICATION FOR LIQUEFIED PETROLEUM GAS (LPG) DEALER LICENSE

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

Copy this page if more space is needed.