

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

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