



Kansas Propane Safety and Licensing

Class 6 – Cylinder Exchange Cabinet

Required to establish a cylinder exchange cabinet

Full Company Name: (Include DBA)	
-------------------------------------	--

List all cylinder exchange cabinets and their location: (Attach list if necessary)

Name of Business (if different)	Physical Address	Total # of Cages

Read and initial the following:

<input type="checkbox"/>	We have read the Kansas statutes and rules that regulate this license and will abide by them
<input type="checkbox"/>	We understand that this license does not allow the holder to fill DOT cylinders
<input type="checkbox"/>	We understand that only a KS Class 1 Dealer License holder can furnish DOT cylinders for the exchange
<input type="checkbox"/>	We understand that this license is non-transferable and any change in name or ownership will be reported to the Office of the State Fire Marshal
<input type="checkbox"/>	We understand that if any accident involving this cylinder exchange program occurs, the Office of the State Fire Marshal will be notified as soon as possible
<input type="checkbox"/>	We understand that each manager at the cylinder exchange cabinet location shall be provided training on basic propane handling procedures to be documented and kept at the location.

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Office of the State Fire Marshal or K.S.A. 55-1812 shall be cause for suspension or revocation of the license held.

Signed: _____ Printed Name: _____

Title: _____ Date: _____

DO NOT WRITE IN SPACE BELOW		
LICENSE #	YR:	PROCESSED BY: