



Kansas Propane Safety and Licensing

Class 4 – Cylinder Filling License

Permits the holder to operate a cylinder filling service

Full Company Name: (Include DBA)	
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List all dispenser tanks, size and location: (Attach list if necessary)

Name of Business (if different)	Physical Address	WC Gal.

Name and address of supplier from whom you buy LP Gas: _____

Name and location of plants where you load: _____

Read and initial the following:

	We have read the Kansas statutes and rules that regulate this license and will abide by them
	We understand that all employees dispensing LP Gas are required to hold CETP or KSFM certification
	We agree that all personnel are required to attend a mandatory safety school annually and all personnel have attended or will attend a safety school sanctioned by the Office of the State Fire Marshal, the Kansas Department of Transportation, or the Kansas Highway Patrol.
	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

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:	
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