

To be filled out by the **applicant, or for a firm or corporation, the person charged with active management**

Name: _____
Print Full Name Certification Number

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____

Email Address _____ Social Security # _____ Birth Date _____

The applicant must designate a **Responsible Managing Employee (R.M.E.)** in this box (except Class V).
All R.M.E's must maintain compliance with state Liquefied Petroleum Gas Safety Regulations, Rule 0780-2-17.03.
(Use space on back of application for additional R.M.E.s if needed.)

Name: _____
Print Full Name Certification Number

Home Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____

Email Address _____ Social Security # _____ Birth Date _____

Applicant's Signature

Date

ALL LICENSE'S EXPIRE MARCH 31 OF EACH YEAR

Detailed Insurance Requirements

Class I

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000

2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 500,000
Aggregate.....1,000,000

3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000

4. Products property damage liability insurance.
Each person.....\$ 500,000
Aggregate.....1,000,000

5. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000

6. Automobile property damage liability insurance.
Each accident.....\$ 20,000

Class III

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000

2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$1,000,000
Aggregate..... 1,000,000

3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000

4. Products property damage liability insurance or garage liability bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate..... 1,000,000

5. Garage liability property damage liability insurance.
Each accident.....\$ 1,000,000

Class V

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000

2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 1,000,000
Aggregate.....1,000,000

3. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate.....1,000,000

Class II

1. Products bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000
Aggregate..... 1,000,000

2. Products property damage liability insurance.
Each accident.....\$ 500,000
Aggregate.....1,000,000

3. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000

4. Automobile property damage liability insurance.
Each accident.....\$ 20,000

Class IV

1. Manufacturers' and contractors' bodily injury liability insurance.
Each person.....\$ 500,000
Each accident..... 1,000,000

2. Manufacturers' and contractors' property damage liability insurance.
Each accident.....\$ 500,000
Aggregate..... 1,000,000

3. Products bodily injury liability insurance.
Each accident.....\$ 500,000
Aggregate.....1,000,000

4. Products property damage liability insurance.
Each person.....\$ 500,000
Aggregate..... 1,000,000

5. Automobile bodily injury liability insurance.
Each person.....\$ 500,000
Each accident.....1,000,000

6. Automobile property damage liability insurance.
Each accident.....\$ 20,000



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
ADMINISTRATIVE SERVICES SECTION
Permits and Licenses Unit
500 James Robertson Parkway,
Nashville, TN 37243
Phone: (615) 741-1322, Fax: (615) 741-1583

LP Gas Dealer Change of Designated Responsible Managing Employee (R.M.E.)

Company Name

License Number

Site Address

City, State, Zip

Email Address

I, _____, am the **APPLICANT** at this facility.
Print Name Certification Number

AND

I hereby add the person(s) identified below as newly designated R.M.E.(s) at the site identified above and they will comply with state Liquefied Petroleum Gas Safety Regulations, Rule 0780-2-17-.03 in its entirety. (Individuals that have not passed the state exam cannot be R.M.E.s. Submit their name, home address, home phone number, email address and social security number on the back of this form to begin the examination process.)

Name and Certificate Number

Name and Certificate Number

I hereby remove the following person(s) as designated R.M.E.(s) at the site identified above (At least one R.M.E. must be designated at every site location).

Name and Certificate Number

Name and Certificate Number

Applicant

Date



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Phone (615) 741-2981 – Fax (615) 741-1583**

L.P. Gas Study Material

The reference materials should be limited to the 2006 edition of NFPA 54, National Fuel Gas Code, and the 2008 edition of NFPA 58, Standard for Storage and Handling of L.P. Gas, and the Tennessee Laws, Rules and Regulations. Your propane supplier may be able to provide you with NFPA 54 and 58 or you may call N.F.P.A. at 1-800-344-3555.