



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