CITY OF CLEVELAND
Mayor Justin M. Bibb

Application for a Certificate of Qualification
For Handling/Installing LPG Systems
(This permit is good for 12 months)

City of Cleveland
Fire Prevention Bureau
1645 Superior Ave., E
Cleveland, Ohio 44114

Phone: 216-664-6664 ▪ Hours of Operation: 7:30 am to 4:30 pm Weekdays ▪ Fax: 216-664-6681

This section: City of Cleveland Use Only	INVOICE NUMBER	PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE	FEE
					$50

Instructions: Submit completed application with the application fee to the address above.

FACILITY OR CONTRACTOR INFORMATION

NAME OF FACILITY OR CONTRACTOR			FACILITY OR CONTRACTOR STREET ADDRESS
CITY	STATE	ZIP CODE	FACILITY OR CONTRACTOR TELEPHONE NUMBER
EMERGENCY CONTACT NAME AND POSITION			EMERGENCY CONTACT TELEPHONE NUMBER

APPLICANT INFORMATION

APPLICANT NAME AND TITLE			APPLICANT TELEPHONE NUMBER
APPLICANT STREET ADDRESS	CITY	STATE	ZIP
APPLICANT EMAIL ADDRESS			
MAIL FINAL PERMIT TO: ☐ APPLICANT ADDRESS ☐ FACILITY ADDRESS ☐ ADDRESS ON CHECK			SPECIAL ATTENTION TO:
SIGNATURE **X**		DATE	

Employee Training Program, NFPA #58-Qualification of Personnel

A.4.4 Examples of training programs are as follows:
(1) Certified Employee Training Program available from the Propane Education and Research Council (PERC), www.propanecouncil.org
(2) Programs developed by propane companies or government entities
(3) Inhouse training from Youtube.com videos

INDICATE THE TRAINING PROGRAM(S) FOR THE PERSONNEL LISTED
NOTE: By submitting this form, the applicant states that the personnel names listed on this form are "*responsible persons cognizant of the hazards inherent in such gases and skilled in the handling thereof*".
Does your company have records of this training on file? ☐ YES ☐ NO

Application to Handle Liquedied Petroleum Gases, Section 385.18(d)

§ 385.18 (d) No person, firm or corporation shall store or handle liquefied petroleum gas for sale or transport, or connect or install liquefied petroleum gas cylinders as a business, without a certificate of qualification from the Chief, and such certificate shall only be issued to responsible persons cognizant of the hazards inherent in such gases and skilled in the safe handling thereof. Every such certificate may be revoked by the Chief whenever he or she deems such revocation to be in the interest of public safety.

***** Please include a business card if you have one *****

FACILITY OR CONTRACTOR INFORMATION	
NAME OF FACILITY OR CONTRACTOR	FACILITY OR CONTRACTOR STREET ADDRESS

APPLICATION KEY	
[A] Distribution & Sales Plants	[B] Installation & Maintenance of LPG Equipment
[C] Transportation	[D] Installation of Cylinders, Tanks or Piping
[E] Charging Plants	

IF MORE THAN (16) ENTRIES ARE NEEDED, PLEASE USE ADDITIONAL PAGES OR ATTACH A SEPARATE LIST

CHOOSE	PERSONNEL NAME WORKING WITHIN CITY LIMITS	PERSONNEL TITLE OR FUNCTION
A☐ B☐ C☐ D☐ E☐		
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This certificate is approved for a period of one year, but may be revoked at any time for cause.

FIRE PREVENTION BUREAU SECTION - DO NOT WRITE IN SHADED AREA				
☐ Approved ☐ Disapproved	PERMIT NUMBER	INSPECTOR PRINTED NAME	INSPECTOR SIGNATURE X	DATE