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# Business Credential Application

**Remit to:**  
**State of Wisconsin**  
**Department of Commerce-Credentialing**  
**P.O. Box 78780**  
**Milwaukee WI 53293-0780**  
*Phone (608) 261-8467*  
**TTY: Contact Through Relay**  
*7:45 a.m. - 4:30 p.m.*  
*E-mail: madisoncred@commerce.state.wi.us*

If you do not want your business phone number listed on our website, please check the box.

### Instructions:

- 1. Complete the application; sign and date the form.
- 2. Enter the FEIN number of business or social security number of applicant.
- 3. Attach the fee and any documents specified on the following pages. Make checks payable to: Department of Commerce.
- 4. If this form was pre-printed with your business, please review and clearly print corrections or new information where needed in red ink.
- 5. **Make a photocopy of the completed application for your records.**

<b>Business Information</b>	
Federal Employer Identification Number (FEIN):	
Business Name:	
No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Business Telephone No. (include area code):	
If Available, Business Fax No. (include area code):	

<b>Contact Person Information</b>	
Social Security Number:	
Individual's Name :	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

\*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing, 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## LIQUEFIED GAS SUPPLIER- RESTRICTED

**Credential Fee (nonrefundable): \$55.00** class code 8258

Make checks payable to: Department of Commerce. The fee consists of a \$15 application fee and a certification fee of \$40. The credential will be effective for 2 years from the date of issuance.

**Reason for License:** As of August 1, 2009, no person may engage in the business of filling containers with liquefied petroleum gas that is intended to be used directly from the containers as fuel, unless the person holds a license issued by the department as a licensed liquefied gas supplier or liquefied gas supplier – restricted.

A person who holds a license as a licensed liquefied gas supplier-restricted shall be limited to filling only department of transportation cylinders with liquefied petroleum gas.

**Requirements for Liquefied Gas Supplier license:** A person who holds the Liquefied Gas Supplier license shall:

- 1) Maintain proof of financial responsibility specified in s. 101.16 (3r) (a) or (b), Stats;
- 2) Notify the department at least 60 days before cancelling or failing to renew financial responsibility; and
- 3) Provide written information notices to customers in accordance with s. 101.16 (4) (c), Stats.

**Qualifications for License:** A person applying for Liquefied Gas Supplier license shall provide **one** of the following proofs of financial responsibility under s. 101.16 (3r) (c), Stats: **Licensed Liquefied Gas Suppliers shall maintain proof of financial responsibility in the amount of \$500,000 per occurrence with an annual aggregate of \$1,000,000 for compensating 3<sup>rd</sup> parties for bodily injury and property damages for incidents associated with the release of liquefied petroleum gas.**

1. **A Surety bond** that is issued by a surety company that is listed as an acceptable surety for federal bonds on the date that the surety bond is obtained in the most recently published U.S. department of the treasury's circular 570. The bond should be executed in the name of the State of Wisconsin in the amounts listed above. **ATTACH A COPY OF THE BOND TO THIS APPLICATION.**
2. **An irrevocable letter of credit** that is issued by a financial institution that is authorized to do business in this state or that is federally chartered. The letter of credit shall be for an initial period of at least one year. The letter should be addressed to the State of Wisconsin in the amounts listed above. **ATTACH A COPY OF THE LETTER TO THIS APPLICATION.**
3. **Commercial general liability insurance** as an endorsement to an existing policy or as a separate policy from an insurer, or a risk retention group, that is licensed to transact the business of insurance in this state or that is eligible to provide insurance as a surplus lines insurer in one or more states. **ATTACH A COPY OF YOUR CURRENT (not expired) INSURANCE CERTIFICATE TO THIS APPLICATION. The certificate must indicate the following:**
  1. The Certificate Holder is: DEPARTMENT OF COMMERCE, SAFETY & BUILDINGS, PO BOX 7082, MADISON, WI 53707-7082. (NOTE: the certificate holder information is usually located in the lower left hand corner on the certificate);
  2. The company/person is insured for at least \$500,000 dollars per occurrence of general liability insurance; and
  3. An annual aggregate of \$1,000,000 for compensating 3<sup>rd</sup> parties for bodily injury and property damages for incidents associated with the release of liquefied petroleum gas.

### **Gas Systems Certificate of Installation**

<http://commerce.wi.gov/SBdocs/SB-FormGasSysInstall9656E.doc>