



# Kansas Propane Safety and Licensing

## Class 6 – Cylinder Exchange Cabinet License - \$10 Per Cabinet

Required to establish a cylinder exchange cabinet

Full Company Name: (Include DBA)	
Full Physical Address:	
Full Mailing Address:	
Business Telephone	

Provide information for the primary contact person for the license:

Name (First, Last)	Title
Office Phone:	Fax:

List all cylinder exchange cabinets and their location: (Attach list if necessary)

Name of Business (if different)	Physical Address	Total # of Cages

Read and initial the following:

<input type="checkbox"/>	We have read the Kansas statutes and rules that regulate this license and will abide by them
<input type="checkbox"/>	We understand that this license does not allow the holder to fill DOT cylinders
<input type="checkbox"/>	We understand that only a KS Class 1 Dealer License holder can furnish DOT cylinders for the exchange
<input type="checkbox"/>	We understand that this license is non-transferable and any change in name or ownership will be reported to the Kansas State Fire Marshal's Office
<input type="checkbox"/>	We understand that if any accident involving this cylinder exchange program occurs, the Kansas State Fire Marshal's Office will be notified as soon as possible
<input type="checkbox"/>	We understand that each manager at the cylinder exchange cabinet location shall be provided training on basic propane handling procedures to be documented and kept at the location.

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 Kansas State Fire Marshal's Office 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**

<b>LICENSE #</b>	<b>YR:</b>	<b>PROCESSED BY:</b>
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