

Missouri training rule

2 CSR 90-10.012(5) Every individual handling LP gases or servicing appliances or equipment within any business involved in handling, storing or transporting LP gases or involved in the installation, repairing or servicing of piping, equipment or appliances for use with LP gases must attend and complete an initial training program as defined in 2 CSR 90-10.012(6), including the passing of a written exam. Every individual subject to the requirements of this section shall attend refresher training at least once every three (3) years. New employees shall be trained by their employer until such time that training is available through a training program approved by the director. The employer, or individual if self-employed, is responsible for ensuring compliance with this section. (6) Each training program's curriculum must be based on the Propane and Education and Research Council (PERC) Certified Employee Training Program (CETP) or equivalent, structured to meet the trainee's needs, and contain information on applicable statutes and regulations governing liquefied petroleum gases. All training programs must be instructor-led by a competent trainer, include hands-on training or a

skills assessment, and include an exam which requires a passing score of at least seventy percent and graded by a third-party grader. Programs must be approved by the commission or its designee initially and resubmitted for review and approval at least once every two years or at such time change has been made; and any training program that, through audit, does not meet the approved training program criteria may be rejected for use by the commission or its designee.

Every Registrant must attend the entire day of training and receive a 75% on the final test in order to be certified.

This seminar is certified by St. Louis County for 4 (four) Professional Education Units.

HVAC Compliance Training

State of Missouri training
requirements

**St. Louis County accredited course*

Did you know?

Missouri state law requires that all workers who service or install equipment or appliances that use propane gas (LPG) must be certified by the Missouri Propane Safety Commission.

To help HVAC employers comply with state law, MPGA has developed a one-day class that meets the training requirements of the Commission's regulation. MPGA is proud to offer this class in Joplin for your convenience. This class is also offered at five locations throughout the state and includes all required materials. Class size is limited, so turn the page and register for this important training!

Classes fill up quickly!
Register now to reserve your space!

April 2023 Joplin

City _____ Date _____

Joplin **April 21**

WTI Joplin Campus
1715 N. Range Line Rd.
Joplin, MO

For more information, call 417-206-9115 or email kgunlock@wti.edu

Note: To qualify for full refunds, cancellations must be received 5 business days prior to class.

Please send registration and payment to:

MPGA
4110 Country Club Drive
Jefferson City MO 65109
You may also fax to: 573-893-2623 or
Email to Julie@missouripropane.com

HVAC Registration

Registration: **7:30 a.m.** Class: **8:00 a.m. to 4:30 p.m.**
Class fee: \$159 per student (MPGA members) \$215 per student (non-members)

Student name <i>(please print)</i>	Class date	City/Location	NFPA 54 (\$100 each, optional)
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total # of students attending classes _____ x \$159 (MPGA member price) = \$ _____

Total # of students attending classes _____ x \$215 (Non-member price) = \$ _____

Please reserve _____ copies of NFPA 54 (optional) at \$100 each, to be picked up at classes.
*(Add this cost to your amount due for class fees. Purchase of the NFPA 54 text is **optional**.)* = \$ _____

Total amount due = \$ _____

Check enclosed Please bill me Credit Card (fill out bottom section of this form and fax)

Company name _____

Mailing address _____ City _____

State _____ Zip _____ Phone # _____

Contact Signature _____ Check # _____ for \$ _____

Email contact _____

Credit Card #: _____ Exp: _____ / _____
CVC code (on back): _____ Signature: _____