

STATE OF OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS X (10) PERMIT RENEWAL APPLICATION

Permits the holder to actively manage the LP Gas operations or branch of a Class 1 permit holder.

Name of Permit Holder _____ SSN: XXX - XX - _____

Full Company Name _____
 Federal ID No. _____

Business Street Address _____
 Street City State Zip

Business Mailing Address _____
 (If different from above) Street City State Zip

Business Phone Number _____

List of Officers, Partners, or Owners: Check one: ___ Corporation/Association ___ Partnership ___ Sole Proprietor ___ LLC
 Name Title Address City State Zip

Insurance Company Name _____ Agent's Phone Number(_____) _____ - _____
 Policy Number _____ Expiration Date _____

Branch or Location Working out of: (if different from above) _____
 Address: _____ Telephone Number (_____) _____ - _____

Total number of mobile vehicles operating or will operate in Oklahoma under your supervision:
 Bobtails: _____ Transports: _____ Cylinder Delivery Trucks: _____

Do you drive any of the above vehicles? Yes _____ No _____
 I am a full-time employee of the Class 1 permit holder: Yes _____ No _____

List all storage containers and dispensers in Oklahoma that are under your supervision: (use back if more space is needed)
 WC Gallons Location WC Gallons Location

READ BELOW AND INITIAL

- _____ I agree to furnish the LP Gas Administration all reports as required in the Oklahoma Statutes and Rules and will abide by the Statutes and Rules of the State of Oklahoma.
- _____ I agree to submit plans and drawings on the required storage containers, dispensers, and public buildings to the Oklahoma LP Gas Administration for approval before the installation of them.
- _____ I agree to furnish form 4's and other approved forms to the Oklahoma LP Gas Administration on all installations Of LP Gas systems or appliances and on any new customers we have not serviced in the last 24 months.
- _____ I understand that this permit does not allow the holder to install or service LP Gas alternative fuel systems. (carburetion)
- _____ I certify that this information is true and correct. Any false or fraudulent statement for failure to comply with the rules and regulations promulgated by the Liquefied Petroleum Gas Board or Oklahoma Statutes Title 52, Chapter 8, Section 420.1 through 420.17 shall be cause for suspension or revocation of the permit held.

DO NOT WRITE IN THE SPACE BELOW

PERMIT NUMBER _____
EXPIRATION DATE _____
DATE ISSUED _____
PROCESSED BY _____

Signed, _____
 Print Name, _____
 Title, _____ Date _____

This application will not be accepted unless all above questions are answered and a current certificate of insurance is on file in our office. If renewed after expiration date, a late fee of 25% will be assessed.

Mail To: Oklahoma LP Gas Administration
 3815 N Santa Fe, Suite 117
 Oklahoma City, OK. 73118
 Make Checks Payable to; LP Gas Administration

Phone (405)521-2458 Fax (405)521-6037
 E-MAIL: lpgasinfo@lpgas.state.ok.us

FEE \$150

Revised 4/27/12