

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS IV (4) PERMIT RENEWAL APPLICATION

Endorsements:

Low Pressure High Pressure Recreational Vehicle Meter Calibrator Truck Inspector Dispenser Operator

Name of Permit Holder _____ Last 4 digits of your 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 Telephone _____ - _____ - _____ E-mail Address _____

Insurance Company Name _____ Agent's Phone Number: (____) _____ - _____

Policy Number _____ Expiration Date: _____

Do you work out of a different location or address other than is listed above? Yes ___ No ___

If yes, list location, address, and telephone number: _____

_____ Telephone: (____) _____ - _____

All permit holders that dispense propane are required by Oklahoma Law to attend the annual Safety School. If you dispense;

School Location: _____ Date: _____

READ BELOW AND INITIAL

_____ I agree to furnish form 4's or other approved forms to the Oklahoma LP Gas Administration each time a leak test is required by the Oklahoma LP Gas Administration Rules and Regulations.

_____ I understand that if the permit is not renewed before August 31st that all activities covered by this permit must cease or the permit holder may be subject to fines.

_____ I understand that if the permit is renewed after August 31st there will be an additional 25% late fee assessed.

_____ I understand that no permit will be renewed after September 30th, without the approval of the LP Gas Administrator.

_____ 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 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, _____
(By applicant or Authorized Official)

Print Name _____

Title, _____ Date: _____

This permit will not be issued unless all above questions are answered and a current Certificate of General Liability Insurance is on file in our office.

Mail to: Oklahoma LP Gas Administration
3815 N Santa Fe, Suite 117
Oklahoma City, OK 73118

Phone (405) 521-2458 FAX (405) 521-6037

E-Mail: lpgasinfo@lpgas.state.ok.us

Make Checks Payable to; LP Gas Administration

FEE \$70 for Class IV with a single Endorsement

FEE \$10 for each additional Endorsement

Revised 6/29/2016