



# Class II Permit Renewal Application

Permits the holder to transport LP Gas as a commoner private carrier to industrial consumers, processors, distributors, and retailers of LP Gas.

**Renew online at: [lpgas.ok.gov](http://lpgas.ok.gov)**

Name of Applicant: \_\_\_\_\_ Last 4 digits of your SSN: \_\_\_\_\_

Full Company Name: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Business Street Address: \_\_\_\_\_  
Street City State Zip

Business Mailing Address: \_\_\_\_\_  
(If different from above) Street City State Zip

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Officers, Partners, or Owners:** Check one: \_\_\_ Corporation/Assoc. \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ LLC

Name	Title	Address

**Total number of mobile equipment operating, or will operate, in Oklahoma:** Bobtails: \_\_\_\_\_ Transports: \_\_\_\_\_

**Terminal(s) this mobile equipment is dispatched from (if different from above):**

Terminal Location	Phone Number	Terminal Manager

Safety Coordinator's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Do you resell odorized LP Gas in Oklahoma?** Yes \_\_\_ No \_\_\_ If yes, give a complete list with addresses on the back of this application.

**READ BELOW AND INITIAL**

\_\_\_\_\_ I understand that this permit is non-transferable and any change in name or ownership will be reported to the Oklahoma LP Gas Administration immediately.

\_\_\_\_\_ 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 Liquid 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.

**OFFICE USE ONLY**

PERMIT NUMBER: _____
EXPIRATION DATE: _____
DATE ISSUED: ____/____/____
PROCESSED BY: _____

Signed: \_\_\_\_\_  
(By applicant or authorized official)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permit will NOT be issued unless all above questions are answered and a Certificate of Insurance is provided.**

PAYMENT METHODS: **CHECK:** OKLAHOMA L. P. GAS ADMINISTRATION  
3815 N SANTA FE, SUITE 117  
OKLAHOMA CITY, OK 73118

**RENEWAL FEE: \$400.00**

**EMAIL:** [LPGAS.INFO@LPGAS.OK.GOV](mailto:LPGAS.INFO@LPGAS.OK.GOV) **FAX:** (405) 521-6037