



# Class IV (4) Permit Renewal Application

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

## Endorsements

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

Name of Permit Holder: \_\_\_\_\_ 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: \_\_\_\_\_

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

If **Yes**, list the location, address, and telephone number:

\_\_\_\_ Location Address Phone Number

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

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agent's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Expiration 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 31<sup>st</sup> 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 31<sup>st</sup> there will be an additional 25% late fee assessed.
- \_\_\_\_\_ I understand that no permit will be renewed after September 30<sup>th</sup>, 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.

### 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:

RENEWAL FEE:	\$70.00
(Includes 1 endorsement)	
ENDORSEMENTS (\$10/each):	\$ _____
<b>TOTAL FEES:</b>	<b>\$ _____</b>

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