



# Class IV-D (4D) Permit Renewal Application

Permits the holder to install, service, and test LP Gas piping. Install and maintain LP gas appliances and other LP gas equipment.

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

CDL Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Medical certificate Expiration Date: \_\_\_\_\_

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

Do you hold a current Oklahoma mechanical license?: Yes \_\_\_ No \_\_\_ If YES, License #: \_\_\_\_\_

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

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

### READ BELOW AND INITIAL:

\_\_\_ I (permit holder) attended the annual mandatory safety school required by Oklahoma State Law.

\_\_\_ I understand that this permit does not allow the permit holder to install or service LP gas alternate fuels systems (carburetion).

\_\_\_ I understand that this permit does not allow the holder to sell LP gas or LP gas equipment.

\_\_\_ I agree to submit plans or drawings of all public building installations to the Oklahoma LP Gas Administration for approval before installation.

\_\_\_ 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 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:

OKLAHOMA L. P. GAS ADMINISTRATION

3815 N SANTA FE, SUITE 117

OKLAHOMA CITY, OK 73118

EMAIL: [LPGAS.INFO@LPGAS.OK.GOV](mailto:LPGAS.INFO@LPGAS.OK.GOV)

FAX: (405) 521-6037

**RENEWAL FEE: \$50.00**