



Class VI (6) Un-odorized LP Gas End User Endorsement

Permits the holder to obtain, use and store un-odorized LP Gas in their facility.

420:10-1-5.(b)(6)(C) and 420:10-1-14.(b)(2)(D)

Applicant must submit detailed plans describing use and location of cylinder storage, and any and all LP Gas plumbing in said facility must be submitted in writing and approved for any facility using un-odorized LP Gas in any manner. Plans must be submitted to the LP Gas Administration Office along with the proper fee, and an on-site inspection must be performed by a Safety Code Enforcement Officer prior to final approval and before the introduction of LP Gas into the system.

End User Endorsement \$500.00

Plan Review Fee \$100.00

Final Inspection Fee \$100.00

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: _____

Owner of Facility: _____ Were plans approved?: (Yes) ____ (No) ____

Address of Facility: _____
Street City State Zip

Insurance Company Name: _____ Policy Number: _____

Agent's Phone Number: (____) _____ - _____ Expiration Date: _____

READ BELOW AND INITIAL:

- ____ I understand that a site plan review and an on-site final inspection are required before the introduction of LP Gas into the system.
- ____ 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 understand this endorsement does not entitle the permit holder to partake in the operation of a Class 6 Cylinder or Motor Fuel Station Operation.
- ____ 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 420.15 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)

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

PERMIT FEE: \$500.00

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