

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS II (2) PERMIT APPLICATION

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

Name of Applicant _____ 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 _____

List of Officers, Partners, or Owners

Name	Title	Address	Zip

Insurance Company Name _____ Agent's Phone Number: () - _____
 Policy Number _____ Expiration Date: _____

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 Number: () - _____

Do you resell *stetched* 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 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)

Print Name _____

Title, _____ Date _____

This permit will not be issued unless all above questions are answered and a Certificate of Insurance is provided.

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

Test Fee \$ _____
 Filing Fee \$ _____
 Permit Fee \$ _____

Total Due \$ _____

Test Date _____
 Test Score _____
 Test Given By _____
 Location _____

Approved ___ Disapproved ___

 Officer or Administrator

Make Checks Payable to; LP Gas Administration