

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS III (3) PERMIT APPLICATION

Permits the holder to operate DOT cylinder filling station and cylinder delivery service.

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 _____

Name of supplier from whom you buy LP Gas _____

Name and location of plants where you load _____

Total number of mobile equipment operating or will operate in Oklahoma:
 Cylinder Delivery Trucks: _____

List all storage containers and dispensers, size and location: (use back if more space is needed)

WC Gallons	Location	WC Gallons	Location

READ BELOW AND INITIAL

_____ 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 _____

Make Checks Payable to; LP Gas Administration

 (Officer or Administrator)