

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS IV (4) PERMIT APPLICATION

Endorsements;

Low Pressure

High pressure

Recreational Vehicle

Meter Calibrator

Truck Inspector

Dispenser Operator

Name of Applicant _____ Last 4 digits of your SSN _____

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 Phone Number _____

Policy Number _____ Expiration Date _____

Do you work out of a different location than is listed above? Yes ___ No ___

If yes, list, location, address, and telephone number: _____

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

_____ I agree to furnish completed Form 4's or other approved forms to the Oklahoma LP Administration each time a leak test is required by the Oklahoma LP Gas Administration Rules and Regulations.

_____ I understand that all permit holders that dispense propane are required by Oklahoma Law to attend the annual Safety School.

_____ I understand that if the permit is not renewed before August 31st, 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 31st, there will be an additional 25% late fee assessed.

_____ I understand that no permit will be renewed after September 30th, 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, shall be cause for suspension or revocation of the permit held.

Affidavit Verifying Lawful Presence in the United States

Verification of Citizenship <OR> Qualified Alien Status

(Applicants name) _____, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows (**choose one**):

_____ I am a United States Citizen.

_____ I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. (Notary Seal)

A or I # (if qualified alien) _____

In the State of _____ County of _____

(Signature) _____

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____

Notary _____ My Commission Expires _____

Do not write in the box 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 current Certificate of General Liability Insurance is provided with this application or is already on file in our office.

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

Make Checks Payable to; LP Gas Administration

Test Fee \$ _____
 Filing Fee \$ _____
 Permit Fee \$ _____
 Added Endorsements \$ _____
 Total Due \$ _____

Test Date _____
 Test Score _____
 Test Given By _____
 Location _____
 _____ Approved _____ Disapproved

Revised 4/27/12

(Officer or Administrator)