

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS VI (6) PERMIT APPLICATION

Permits the holder to operate DOT cylinder charging and/or a motor fuel dispenser

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

Dispenser Size _____ WC Gallons _____ Meter: Yes _____ No _____ Temp. Compensator Yes _____ No _____
 Owner of Dispenser _____ Were plans approved? Yes _____ No _____

LP Gas is Supplied By _____

Do you charge/fill DOT cylinders? Yes _____ No _____ Do you re-qualify DOT cylinders? Yes _____ No _____

Do you fill motor fuel (vehicle) containers? Yes _____ No _____ If yes, OTC Special Fuel Permit No. _____

List employees that dispense LP Gas: (use back if more space is needed)

Name 6-A LP Gas Permit No. Name 6-A LP Gas Permit No.

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

READ BELOW AND INITIAL

- I understand that all other employees dispensing LP Gas are required to hold an Oklahoma Class 6-A permit.
- I agree that any new employees will be trained and pass a Class 6-A permit test before dispensing LP Gas.
- I agree that all DOT cylinders, 300lbs. WC or less, will be filled by weight, unless exempt by NFPA-58, and will not fill any unsafe or illegal DOT cylinder and/or motor fuel containers.
- 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.

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

A or I # (if qualified alien) _____ (seal)
 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 SPACE BELOW

PERMIT NUMBER _____
EXPIRATION DATE _____
DATE ISSUED _____
PROCESSED _____

Signed _____ (By applicant)

Print Name _____

Title, _____ Date _____

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

Mail to: Oklahoma LP Gas Administration
 3815 N Santa Fe, Suite 117
 Oklahoma City, OK 73118

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

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

Phone (405) 521-2458
 Fax (405) 521-8037
 E-Mail lpgasinfo@lpgas.state.ok.us

Total Due \$ _____

Make Checks Payable to; LP Gas Administration
 Revised 4/27/12

 (Officer or Administrator)