

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS VI-A (6-A) PERMIT APPLICATION

Permits the holder to dispense 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 _____

Insurance Company name _____ Agent's phone number: () _____ - _____

Policy Number _____ Expiration Date: _____

LP Gas is Supplied By: _____ Owner of Dispenser: _____

READ BELOW AND INITIAL

- _____ I agree that all DOT cylinders, 300lbs. or less, will be filled by weight, unless exempt by NFPA-58, and will not fill any unsafe or illegal DOT cylinders and/or motor fuel containers.
- _____ I understand that this permit does not allow installation of LP Gas equipment and appliances.
- _____ All installations shall be made by a Class IV or IV-D installer permit holder.
- _____ I understand that this permit will expire on August 31st each year.
- _____ 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 420.1 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 number (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 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 on file in our agency.

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 _____

Phone (405) 521-2458
Fax (405) 521-6037

Total Due \$ _____

_____ Approved _____ Disapproved

E-Mail lpgasinfo@lpgas.state.ok.us

Make Checks Payable to; LP Gas Administration

Revised 4/27/12

(Officer, Administrator, or Class 10 permit holder)