

**STATE of OKLAHOMA**  
**LIQUEFIED PETROLEUM GAS ADMINISTRATION**



**CLASS VII (7) PERMIT APPLICATION**

Permits the holder to participate in the cylinder exchange program in the State of Oklahoma.

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: \_\_\_\_\_

Class I Permit Holder Supplying Exchange Cylinders: \_\_\_\_\_

Owner of Exchange Cabinet: \_\_\_\_\_  
**READ BELOW AND INITIAL**

- I am familiar with the Oklahoma Statutes and Rules that regulate this permit and will abide by them.
- I understand that this permit does not allow the holder to fill DOT cylinders.
- I understand that only an Oklahoma Class I Permit holder can furnish DOT cylinders for this exchange program.
- 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 understand that if any accident involving this cylinder exchange program occurs the Oklahoma LP Gas Administration will be notified as soon as feasibly possible at (405) 521-2458.
- I understand that this permit will expire on August 31<sup>st</sup> each year.
- I understand that if the permit is not renewed before August 31<sup>st</sup>, 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 31<sup>st</sup>, there will be an additional 25% late fee assessed.
- I understand that no permit will be renewed after September 30<sup>th</sup>, 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.

**DO NOT WRITE IN THE SPACE BELOW**

PERMIT NUMBER _____
EXPIRATION DATE _____
DATE ISSUED _____
PROCESSED BY _____

Signed, \_\_\_\_\_ (By Authorized Official)  
 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

Phone (405) 521-2458  
 Fax (405) 521-6037  
 E-Mail [lpgasinfo@lpgas.state.ok.us](mailto:lpgasinfo@lpgas.state.ok.us)

Filing Fee \$ \_\_\_\_\_  
 Permit Fee \$ \_\_\_\_\_  
 Total Due \$ \_\_\_\_\_

**Make Checks Payable to; LP Gas Administration**