

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



**CLASS IX (9) PERMIT APPLICATION**

Permits the holder to manufacture and/or sell  
LP Gas containers.

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

I/WE have \_\_\_\_\_ years experience with LP gas appliances  
Number

Do you install LP gas containers sold by you? Yes \_\_\_ No \_\_\_ If not, please list the name and address of the person or persons that do this work: \_\_\_\_\_

If you answered YES to the above question, please furnish a list of your installers :( use back if more space is needed.)

Installer's Names	LP Gas Permit No.

If you answered YES to the above question, you are required to meet State of Oklahoma's liability insurance requirements.

Insurance Company Name \_\_\_\_\_ Agent's Phone Number \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**READ BELOW AND INITIAL**

- \_\_\_\_\_ I/WE agree to furnish the LP Gas Administration all reports as required in the Oklahoma Statutes and familiarize myself/ourselves with the rules and regulations of this state.
- \_\_\_\_\_ I/WE understand that this permit does not allow installations of the LP gas equipment and containers.
- \_\_\_\_\_ I/WE agree to affix the Oklahoma LP Gas identification tags, C-tags or T-tags, to each cylinder or container before distribution in the State of Oklahoma.
- \_\_\_\_\_ All installations shall be made by a Class IV installer permit holder.
- \_\_\_\_\_ I/WE agree that any change in ownership or change in name will be reported to the LP Gas Administration.
- \_\_\_\_\_ 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.**

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

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

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

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