

STATE of OKLAHOMA
LIQUEFIED PETROLEUM GAS ADMINISTRATION



CLASS IX-A (9-A) PERMIT APPLICATION

Permits the holder to manufacture, fabricate and sell LP Gas systems used in mobile homes, campers, recreational vehicles, and portable buildings.

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

Do you install LP gas systems 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.	Mechanical License No.	Expiration Date

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 affix the Oklahoma LP Gas identification tags (C-tags or T-tags) to each cylinder or container before distribution in the State of Oklahoma.

____ I/WE understand that this permit does not allow the holder to install or service LP Gas alternative fuel systems (carburetion).

____ 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 appliances.

____ 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 \$ _____

Phone (405) 521-2458

Fax (405) 521-6037

[E-MAIL-lpgasinfo@lpgas.state.ok.us](mailto:lpgasinfo@lpgas.state.ok.us)

Total Due \$ _____

Make Checks Payable to; LP Gas Administration