

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



**FUEL HANDLER PERMIT/RENEWAL APPLICATION**

Permits the holder to transport LP Gas.

Name of Applicant \_\_\_\_\_ Last 4 digits of your SSN XXX-XX-\_\_\_\_\_

Full Company Name \_\_\_\_\_

Business Street Address \_\_\_\_\_  
Street City State Zip

Business Mailing Address \_\_\_\_\_  
(If different from above) Street City State Zip

Business Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

CDL driver license number \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

**READ BELOW AND INITIAL**

\_\_\_\_\_ 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 of 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 BOX BELOW**

CARD NUMBER _____
EXPIRATION DATE _____
DATE ISSUED _____
PROCESSED BY _____

Signed, \_\_\_\_\_  
(By applicant or Authorized Official)  
Print Name \_\_\_\_\_  
Title, \_\_\_\_\_ Date \_\_\_\_\_

**This permit WILL NOT be issued unless all above questions are answered and current proof of training has been submitted.**

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

Phone (405) 521-2458  
Email: lpgasinfo@lpgas.ok.gov  
**Make Checks Payable to;  
LP Gas Administration**

**FEE \$10**

Revised 9-1-2019