



# Class I Permit Application

Permits the holder to engage in any phase of the LP Gas business

**Exam Fee: \$55.00 (submit with application)** This application shall be received in the Administrator's office 30 days prior to testing. Testing dates are in January, April, July, and October. Call the office for the exact dates, time, and location.

**Permit fee is \$1,000.00 plus a \$10.00 filing fee** once the applicant passes the test. There will be 150 test questions, taken from material in the current versions of NFPA 54 & 58 and the Oklahoma LP Gas Rules. Passing score is 80% or above.

Full Company Name: \_\_\_\_\_ Federal ID: \_\_\_\_\_

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

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

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Officers, Partners, or Owners:** Check one: \_\_\_ Corporation/Assoc. \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ LLC

Name	Title	Address

**List all branch operations operating in or dispatching delivery trucks into Oklahoma:**

Town	Physical and Mailing Address	Phone

**List all Class X (10) Managers:**

Name	Last 4 of SSN	Class 10 Permit No.	Branch or Location

**List all other employees that hold an Oklahoma LP Gas Permit (list on a separate piece of paper if more space is needed):**

Name	Last 4 of SSN	Permit Number	Branch or Location

**List all bobtails operating in, or dispatched into, Oklahoma and their base location:**

Number	Location	Number	Location

**List all transports operating in, or dispatched into, Oklahoma and their base location:**

If these are operating under a separate Class II (2) permit, do not list them here.

Number	Location	Number	Location

**List all cylinder delivery trucks operating in, or dispatched into, Oklahoma and their base location:**

Number	Location	Number	Location

Do you perform in-house visual and leakage tests on the listed bobtails and transports? Yes \_\_\_ No \_\_\_

If YES, please list the following information:

If NO, please list the following information:

Employee Name Federal CT No. Company Federal CT No.

List all storage facilities, satellite storages, their size and location:

Physical Directions WC Gallons Town or Location

List all dispensers (pump connected to container) that are owned by Class 1 permit holder:

Owner or Class 6 Permit Holder WC Gallons Town or Location

Check the following services you will perform in Oklahoma:

- Retail Deliveries Wholesale Deliveries Fill Cylinders Fill Motor Fuel Cylinder Exchange Program Install LP Gas Systems Rent LP Gas Containers Alternative Fuel Installations Sell Cylinders or Containers Sell or Service Appliances Sell or Service RV's or Mobile Homes Manufacture/Assemble LP Gas Systems

Insurance Company Name: Policy Number:

Agent's Phone Number: Expiration Date:

Read and initial the following:

- We understand that all Class X (10) managers shall be full-time employees... We understand that this permit is transferable... We understand that all employees that dispense LP Gas shall hold a permit... We understand that all dispensers and any LP Gas container 2000WC gallons or larger, plans will be submitted... We understand that a Form 4 or other approved forms will be submitted... We understand that all Class 1 and Class 10 permit holders shall attend a semi-annual safety seminar... We understand that this permit will expire on August 31st each year... We understand that no permit will be renewed after September 30th... Pursuant to 420:10-1-5.(b)(1)(E), we understand that prior to application or renewal... I certify that this information is true and correct.

Applicants Signature: Date:

Print Name: Title:

Permit will NOT be issued unless all above questions are answered, and a Certificate of Insurance is provided.

PAYMENT METHODS: CHECK: OKLAHOMA L.P. GAS ADMINISTRATION

OFFICE USE ONLY

PERMIT NUMBER: EXPIRATION DATE: DATE ISSUED: PROCESSED BY:

PO BOX 53218 OKLAHOMA CITY, OK 73152 EMAIL: LPGAS.INFO@LPGAS.OK.GOV FAX: (405) 521-6037 Test Date: Test Score: Location: Approved Disapproved by Administrator