



Class II Permit Application

Permits the holder to transport LP Gas as a commoner private carrier to industrial consumers, processors, distributors, and retailers of LP Gas.

Name of Applicant: _____ Last 4 digits of your SSN: _____

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

Total number of mobile equipment operating, or will operate, in Oklahoma: Bobtails: _____ Transports: _____

Terminal(s) this mobile equipment is dispatched from (if different from above):

Terminal Location Phone Number Terminal Manager

Safety Coordinator's Name: _____ Phone: (____) _____ - _____

Insurance Company Name: _____ Policy Number: _____

Agent's Phone Number: (____) _____ - _____ Expiration Date: _____

Do you resell odorized LP Gas in Oklahoma? Yes No If yes, give a complete list with addresses on the back of this application.

READ BELOW AND INITIAL

_____ 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 this permit will expire on August 31st each year. If renewed after this date, I understand there will be an additional 25% late fee assessed.

_____ I understand that no permit will be renewed after September 30th, 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 Liquid Petroleum Gas Board or Oklahoma Statutes Title 52, Chapter 8, Section 420.1 through 420.15 shall be cause for suspension or revocation of the permit held.

OFFICE USE ONLY

PERMIT NUMBER: _____
EXPIRATION DATE: _____
DATE ISSUED: ____/____/____
PROCESSED BY: _____

Signed: _____
(By applicant or authorized official)
Print Name: _____
Title: _____ Date: ____/____/____

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

PAYMENT METHODS: CHECK:	
APPLICATION FEE: \$1,000.00	
FILING FEE: \$10.00	
TOTAL DUE: \$1,010.00	

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