



# Class III Permit Application

Permits the holder to operate DOT cylinder filling station and delivery service

### 420:10.1.5.(b)(3)(D)

**UN-ODORIZED LP GAS ENDORSEMENT**  \$300.00  
**UN-ODORIZED LP GAS ENDORSEMENT – BULK DELIVERY**  \$300.00

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

Name and address of supplier from whom you buy LP Gas: \_\_\_\_\_

Name and location of plants where you load: \_\_\_\_\_

Total number of mobile equipment operating or will operate in Oklahoma: Cylinder Delivery Trucks: \_\_\_\_\_

### List all storage containers/dispensers, size, and location: (use back if more space is needed):

WC Gallons	Location	WC Gallons	Location

Insurance Company: \_\_\_\_\_ Agent's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### READ BELOW AND INITIAL:

- \_\_\_\_\_ Pursuant to OK 420:10-1-5.(b)(3)(B)(iv), I will supply a complete list of facilities and each delivery location, including the name of facility, street address of facility, name of contact person and contact information of said facility, and the name and location of the Class I permit dealer supplying the Un-Odorized LP Gas to the permit holder every year upon renewal.
- \_\_\_\_\_ I understand that sales and deliveries of Un-Odorized LP Gas made pursuant to this Endorsement shall only be made to facilities in Oklahoma that are properly permitted by this Administration only. Facility must have a **Class 6 End User Endorsement permit** to purchase and receive Un-Odorized LP Gas.
- \_\_\_\_\_ 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 30<sup>th</sup>, 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 Liquefied 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)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

PAYMENT METHODS:	
APPLICATION FEE:	\$300.00
FILING FEE:	\$10.00
ENDORSEMENTS:	\$ _____
<b>TOTAL FEES:</b>	<b>\$ _____</b>

**CHECK:** OKLAHOMA L. P. GAS ADMINISTRATION  
PO BOX 53218  
OKLAHOMA CITY, OK 73152

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