



Class VI-A (6A) Permit Application

Permits the holder to dispense LP Gas

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

Full Company Name: _____

Business Street Address _____
Street City State Zip

Business Telephone: (____) _____ - _____ E-mail: _____

LP Gas Supplied By: _____ Owner of Dispenser: _____

Insurance Co. Name: _____ Policy Number: _____ Exp. Date: _____

READ BELOW AND INITIAL:

- _____ I agree that all DOT cylinders, 300 lbs. WC or less, will be filled by weight, unless exempt by NFPA-58, and I will not fill any unsafe or illegal DOT cylinder and/or motor fuel containers.
- _____ I understand that this permit does not allow the installation of LP Gas equipment and appliances. All installations shall be made by a Class IV or IV-D installer permit holder.
- _____ I understand that I must attend a Board Sanctioned Safety School Seminar annually pursuant to OAC 420:10-1-16(b).
- _____ I understand that if the permit is not renewed before August 31st, that all activities covered by this permit must cease.
- _____ I understand that if the permit is renewed after August 31st, 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 Liquefied Petroleum Gas Board or Oklahoma Statutes Title 52, Chapter 8, Section 420.1 through 420.15 I shall be cause for suspension or revocation of the permit held.

Affidavit of Lawful Presence by Person Making Application for a Permit in the United States

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct (check which of the following statements apply):

- I am a United States Citizen.
- I am a qualified alien under the Federal Immigration and Nationality Act and lawfully present in the United States. Alien or Admission number _____

I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date: ____ / ____ / ____ Signature: _____

Print Name: _____ City/State: _____

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 the above questions are answered and a Certificate of Insurance is provided or is already on file.

TEST FEE: \$10.00
 FILING FEE: \$10.00
 PERMIT FEE: \$35.00
TOTAL DUE: \$55.00

OKLAHOMA L. P. GAS ADMINISTRATION
 PO BOX 53218
 OKLAHOMA CITY, OK 73152
EMAIL: LPGAS.INFO@LPGAS.OK.GOV FAX: (405) 521-6037

CLASS 1 DEALER: PERMIT WILL NOT BE ISSUED UNLESS ALL FIELDS ARE COMPLETE

SITE SPECIFIC TRAINING CONDUCTED BY: _____ PERMIT # _____
FIRST NAME LAST NAME

TEST DATE: ____ / ____ / ____ TEST SCORE: _____ TEST LOCATION: _____

TEST GIVEN BY: _____
FIRST NAME LAST NAME