



# Class VII (7) Permit Application

Permits the holder to participate in the cylinder exchange program in the State of Oklahoma.

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

Class I Permit holder supplying exchange cylinders: \_\_\_\_\_

Owner of Exchange Cabinet: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Agent's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### READ BELOW AND INITIAL

\_\_\_\_ I am familiar with the Oklahoma Statutes and Rules that regulate this permit and will abide by them.

\_\_\_\_ I understand that this permit does not allow the holder to fill DOT cylinders.

\_\_\_\_ I understand that only an Oklahoma Class I Permit holder can furnish DOT cylinders for this exchange program.

\_\_\_\_ 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 if any accident involving this cylinder exchange program occurs the Oklahoma LP Gas Administration will be notified as soon as feasibly possible at (405) 521-2458.

\_\_\_\_ 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 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 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: OKLAHOMA L. P. GAS ADMINISTRATION  
PO BOX 53218  
OKLAHOMA CITY, OK 73152

APPLICATION FEE: \$50.00
FILING FEE: <u>\$10.00</u>
<b>TOTAL FEES: \$60.00</b>

EMAIL: [LPGAS.INFO@LPGAS.OK.GOV](mailto:LPGAS.INFO@LPGAS.OK.GOV) FAX: (405) 521-6037