



Class IX (9) Permit Application

Permits the holder to manufacture and/or sell LP Gas Containers.

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

Do you install LP gas containers sold by you? Yes ___ No ___

If Yes, provide a list of your installers (use the back if more space is needed):

Name	Permit #	Name	Permit #

If No, list the name and address of the person(s) that perform this work:

Name	Address	Name	Address

Insurance Company Name: _____ Policy Number: _____

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

READ BELOW AND INITIAL

- ___ I/We agree to furnish the LP Gas Administration all reports as required in the Oklahoma Statutes and familiarize myself/ourselves with the rules and regulations of this state.
- ___ I/We understand that this permit does not allow installations of the LP gas equipment and containers.
- ___ I/We agree to affix the Oklahoma LP Gas identification tags, C-tags or T-tags, to each cylinder or container before distribution in the State of Oklahoma.
- ___ All installations shall be made by a Class IV installer permit holder.
- ___ I/We agree that any change in ownership or change in name will be reported to the LP Gas Administration.
- ___ 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

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

APPLICATION FEE: \$70.00
FILING FEE: \$10.00
TOTAL DUE: \$80.00