



## FUEL HANDLER PERMIT / RENEWAL APPLICATION

Permits the holder to transport LP Gas

Name of Applicant: \_\_\_\_\_ Last 4 digits of your SSN: \_\_\_\_ \_

Full Company Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_  
Street City State Zip

Business Mailing Address \_\_\_\_\_  
(If different from above) Street City State Zip

Business Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### INCLUDE A COPY OF THE APPLICANT'S COMMERCIAL DRIVERS LICENSE WITH THIS APPLICATION

CDL Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

### READ BELOW AND INITIAL

\_\_\_\_ 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 of Oklahoma Statutes Title 52, Chapter 8, Section 420.1 Through 420.15 shall be cause for suspension or revocation of the permit held.

\_\_\_\_ 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.

### 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: **CREDIT CARD:** <https://lpgas.ok.gov/> > Online Payments

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

**FEE \$10**

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