



Class I Permit Renewal Application

Permits the holder to engage in any phase of the LP Gas business

Renew online at: lpgas.ok.gov

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: _____

Check one: Sole Proprietor Corporation/Assoc. Partnership Sole Proprietor LLC

If Sole Proprietor, list the name of the person who manages location listed above: _____

List of Officers, Partners, or Owners:

Name	Title	Address

List all branch operations operating in or dispatching delivery trucks into Oklahoma:

Town	Physical and Mailing Address	Phone

List all Class X (10) Managers:

Name	Last 4 of SSN	Class 10 Permit No.	Branch or Location

List all other employees that hold an Oklahoma LP Gas Permit:

Name	Last 4 of SSN	Permit Number	Branch or Location

List all bobtails operating in, or dispatched into, Oklahoma and their base location:

Number	Location	Number	Location

List all transports operating in, or dispatched into, Oklahoma and their base location:

Number	Location	Number	Location

List all cylinder delivery trucks operating in, or dispatched into, Oklahoma and their base location:

Number	Location	Number	Location

Do you perform in-house visual and leakage tests on the listed bobtails and transports? Yes No

If YES, please list the following information:

If NO, please list the following information:

Employee Name	Federal CT No.	Company	Federal CT No.

List all storage facilities, satellite storages, their size and location:

Physical Directions	WC Gallons	Town or Location

List all dispensers (pump connected to container) that are owned by Class 1 permit holder:

Owner or Class 6 Permit Holder	WC Gallons	Town or Location

Place a check mark next to all the following services you perform in Oklahoma:

- | | | |
|---|---|---|
| <input type="checkbox"/> Retail Deliveries | <input type="checkbox"/> Cylinder Exchange Program | <input type="checkbox"/> Sell Cylinders or Containers |
| <input type="checkbox"/> Wholesale Deliveries | <input type="checkbox"/> Install LP Gas Systems | <input type="checkbox"/> Sell or Service Appliances |
| <input type="checkbox"/> Fill Cylinders | <input type="checkbox"/> Rent LP Gas Containers | <input type="checkbox"/> Sell or Service RV's or Mobile Homes |
| <input type="checkbox"/> Fill Motor Fuel | <input type="checkbox"/> Alternative Fuel Installations | <input type="checkbox"/> Manufacture/Assemble LP Gas Systems |

Read and initial the following:

- We understand that all Class X (10) managers shall be full-time employees (30 hours or more) and when a Class X (10) manager is no longer employed, the LP Gas Administration will be notified immediately.
- We understand that this permit is transferable and any change in name or ownership will be reported to the Oklahoma LP Gas Administration immediately.
- We understand that all employees that dispense LP Gas shall hold a permit and will attend an annual safety school sanctioned by the LP Gas Board.
- We understand that all dispensers and any LP Gas container 2000WC gallons or larger, plans will be submitted to the LP Gas Administration for approval before the installation.
- We understand that a Form 4 or other approved forms will be submitted to the LP Gas Administration on all installations of LP Gas systems or appliances and on any new customer or customer we have not serviced in the past 24 months.
- We understand that all Class 1 (Sole Proprietors) and all Class 10 permit holders must attend a LP Gas Board sanctioned Management Safety Seminar at a minimum of every other year.
- We understand that this permit will expire on August 31st each year. If renewed after this date, we understand there will be an additional 25% late fee assessed.
- We understand that no permit will be renewed after September 30th, without the approval of the LP Gas Administrator.
- Pursuant to 420:10-1-5.(b)(1)(E), we understand that prior to application or renewal of any Class I Permit, the applicant or holder shall provide the Administration as part of this application or renewal 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, to which Un-Odorized LP Gas is being delivered. Sales and deliveries of Un-Odorized LP Gas shall only be made to facilities in Oklahoma that are properly permitted by this Administration.
- I certify that this information is true and correct. Any false or fraudulent statement for failure to comply with the rules and regulations promulgated by the Liquefied Petroleum Gas Board or Statutes Title 52, Chapter 8, Section 420.1 through 420.15 shall be cause for suspension or revocation of the permit held.

Applicants Signature: _____ Date: _____

Print Name: _____ Title: _____

Insurance Company Name: _____ Policy Number: _____

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

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

<p style="text-align: center;">OFFICE USE ONLY</p> <p>PERMIT NUMBER: _____</p> <p>EXPIRATION DATE: _____</p> <p>DATE ISSUED: ____/____/____</p> <p>PROCESSED BY: _____</p>	<p>PAYMENT METHODS: CHECK: OKLAHOMA L.P. GAS ADMINISTRATION PO BOX 53218 OKLAHOMA CITY, OK 73152</p> <p>EMAIL: LPGASINFO@LPGAS.OK.GOV FAX: (405) 521-6037</p>
	RENEWAL FEE: \$500.00