



Class VII (7) Permit Renewal Application

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

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: _____

List of Officers, Partners, or Owners: Check one: _____ Corporation/Assoc. _____ Partnership _____ Sole Proprietor _____ LLC

Name Title Address

Name of Company that supplies propane cylinders: _____

Name of Company that owns the Propane Exchange Cabinet(s): _____

****YOU MUST SUPPLY A COPY OF YOUR CERTIFICATE OF GENERAL LIABILITY INSURANCE WITH THIS APPLICATION****

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, an additional 25% late fee will be 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 et seq. 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

RENEWAL FEE: \$85.00

EMAIL: LPGASINFO@LPGAS.OK.GOV

FAX: (405) 521-6037