



# Class X (10) Permit Renewal Application

Permits the holder to actively manage the LPGas operations or branch of a Class 1 permit holder.

Renew online at: [lpgas.ok.gov](http://lpgas.ok.gov)

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

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

Branch or location working out of (if different from above):

Name	Address	Phone Number

Total number of mobile vehicles operating, or will operate, in Oklahoma: Bobtails: \_\_\_\_\_ Transports: \_\_\_\_\_ Cyl. Del. Trucks: \_\_\_\_\_

Do you drive any of the vehicles above?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am a full-time employee of the Class 1 permit holder: Yes: \_\_\_\_\_ No: \_\_\_\_\_

List all storage containers/dispensers, size, and location that are under your supervision: (use back if more space is needed):

WC Gallons	Location	WC Gallons	Location

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

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

### READ BELOW AND INITIAL

- I agree to furnish the LP Gas Administration all reports as required in the Oklahoma Statutes and Rules and will abide by the States and Rules of the State of Oklahoma.
- I agree to submit plans and drawings on the required storage containers, dispensers, and public buildings to the Oklahoma LP Gas Administration for approval before the installation of them.
- I agree to furnish Form 4's and other approved forms to the Oklahoma LP Gas Administration on all installations of LP gas systems or appliances and on any new customers we have not serviced in the last 24 months.
- I understand that this permit does not allow the holder to install or service LP gas alternative fuel systems (carburetion).
- 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 for failure to comply with the rules and regulations promulgated by the Liquified 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](mailto:LPGAS.INFO@LPGAS.OK.GOV)

FAX: (405) 521-6037

**RENEWAL FEE: \$150.00**