



Class IV (4) Permit Renewal Application

Renew online at: lpgas.ok.gov

Endorsements

Low Pressure High Pressure Recreational Vehicle Meter Calibrator Truck Inspector Dispenser Operator

Name of Permit Holder: _____ 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: _____

Do you work out of a different location or address other than what is listed above? ____ Yes ____ No

____ Location Address Phone Number

Insurance Company Name: _____ Policy Number: _____

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

All permit holders that dispense propane are required by Oklahoma Law to attend the annual Safety School if you have an DO Endorsement. If so, please list the Safety School attended:

School Name: _____ **Date:** _____

READ BELOW AND INITIAL:

- _____ I agree to submit plans or drawings of all public building installations to the Oklahoma LP Gas Administration for approval before installation.
- _____ I agree to furnish Form 4's or other approved forms to the Oklahoma LP Gas Administration each time a leak test is required per the Oklahoma LP Gas Administration Rules and Regulations.
- _____ I understand that all permit holders that dispense propane are required by Oklahoma Law to attend the annual Safety School.
- _____ 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

RENEWAL FEE:	\$70.00
(INCLUDES 1 ENDORSEMENT)	
ENDORSEMENTS:	\$ _____
TOTAL DUE:	\$ _____