



Class VI (6) Un-odorized LP Gas End User Endorsement – Renewal Application

Permits the holder to obtain, use and store un-odorized LP Gas in their facility.

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: _____

Owner of Facility: _____

Address of Facility: _____
Street City State Zip

Insurance Company Name: _____ Policy Number: _____

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

Has there been any modifications to the facility, C1D1, or the extraction equipment since the original inspection? ____ Yes ____ No

If yes, please describe the modifications made: _____

READ BELOW AND INITIAL:

- ____ I understand this permit is non-transferable and any change in name or ownership will be reported to the Oklahoma LP Gas Administration immediately.
- ____ I understand the facility may be inspected at any time by an LP Gas Safety Code Enforcement Officer, with or without notice, to ensure the facility and equipment is still operating as originally permitted.
- ____ I understand this permit does not entitle the permit holder to sell un-odorized LP Gas to anyone or any company.
- ____ I understand this permit does not entitle the permit holder to partake in the operation of a Class 6 Cylinder or Motor Fuel Station Operation.
- ____ 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)

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: \$500.00

EMAIL: LPGAS.INFO@LPGAS.OK.GOV **FAX:** (405) 521-6037