



Class VI-A (6A) Permit Renewal Application

Permits the holder to dispense LP Gas

Renew online at: lpgas.ok.gov

420:10-1-5.(b)(6)(C) and 420:10-1-14.(b)(2)(D)

UN-ODORIZED LP GAS END USER ENDORSEMENT – Use form “Class VI Un-odorized LP Gas End User Endorsement”

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: _____

LP Gas Supplied By: _____ Owner of Dispenser: _____

Insurance Company Name: _____ Policy Number: _____

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

READ BELOW AND INITIAL:

____ I agree that all DOT cylinders, 300 lbs. WC or less, will be filled by weight, unless exempt by NFPA-58, and will not fill any unsafe or illegal DOT cylinder and/or motor fuel containers.

____ I understand that this permit does not allow installation of LP Gas equipment and appliances.

____ All installations shall be made by a Class IV or IV-D installer permit holder.

____ I (permit holder) attended the annual mandatory safety school required by Oklahoma law.

School Location: _____ Date: _____

____ 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 I 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: \$35.00

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