



FUEL HANDLER PERMIT / RENEWAL APPLICATION

Permits the holder to transport LP Gas

Name of Applicant: _____ Last 4 digits of your SSN: ____ _

Full Company Name: _____

Business Street Address: _____
Street City State Zip

Business Mailing Address _____
(If different from above) Street City State Zip

Business Telephone _____ - _____ - _____ E-mail Address: _____

INCLUDE A COPY OF THE APPLICANT'S COMMERCIAL DRIVERS LICENSE WITH THIS APPLICATION

CDL Driver's License Number: _____ State: _____ Expiration Date: ____/____/____ Birthdate: ____/____/____

READ BELOW AND INITIAL

____ 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 of Oklahoma Statutes Title 52, Chapter 8, Section 420.1 Through 420.15 shall be cause for suspension or revocation of the permit held.

____ 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.

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: **CREDIT CARD:** <https://lpgas.ok.gov/> > Online Payments

CHECK: OKLAHOMA L. P. GAS ADMINISTRATION
PO BOX 53218
OKLAHOMA CITY, OK 73152

FEE \$10

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