



Class III Permit Application

Permits the holder to operate DOT cylinder filling station and delivery service

420:10.1.5.(b)(3)(D)

UN-ODORIZED LP GAS ENDORSEMENT \$300.00
UN-ODORIZED LP GAS ENDORSEMENT – BULK DELIVERY \$300.00

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

Name and address of supplier from whom you buy LP Gas: _____

Name and location of plants where you load: _____

Total number of mobile equipment operating or will operate in Oklahoma: Cylinder Delivery Trucks: _____

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

WC Gallons Location WC Gallons Location

Insurance Company: _____ Agent's Phone Number: (____) _____ - _____

Policy Number: _____ Expiration Date: ____/____/____

READ BELOW AND INITIAL:

____ Pursuant to OK 420:10-1-5.(b)(3)(B)(iv), I will supply a complete list of facilities and each delivery location, including the name of facility, street address of facility, name of contact person and contact information of said facility, and the name and location of the Class I permit dealer supplying the Un-Odorized LP Gas to the permit holder every year upon renewal.

____ I understand that sales and deliveries of Un-Odorized LP Gas made pursuant to this Endorsement shall only be made to facilities in Oklahoma that are properly permitted by this Administration only. Facility must have a **Class 8 Un-Odorized LPG Permit** to purchase and receive Un-Odorized LP Gas.

____ 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:
APPLICATION FEE: \$300.00
FILING FEE: \$10.00
ENDORSEMENTS: \$_____
TOTAL FEES: \$_____

CHECK: OKLAHOMA L. P. GAS ADMINISTRATION
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