

## **ARKANSAS LIQUEFIED PETROLEUM GAS BOARD** 3800 Richards Road North Little Rock, AR 72117-2944

OFFICE USE ONLY				
Date Received:				
Check Number:				
Check Amount:				
Invoice Number:				
Permit Issued:				

Class 7 Permit Renewal Application					Permit Issued:					
*** All renewals are due at the LP-Gas Board Office no later than <b>DECEMBER 1</b> st ***										
In order for your permit to be issued properly, this form must be filled out legibly and completely. Please download the form and type the information in the appropriate field or print the form and then by hand, PRINT the information.										
Name of Company:										
Tele. Number:		Company E	mail:							
1			1							
Physical Address:			C:t				State	7in		
Mailing Address.	Street		City			State	Zip			
Mailing Address:	Street/PO Box		City		;	State	Zip			
Billing Address:										
Street/PO Box		Зох	City			;	State	Zip		
All permits must be issued to an individual as Owner, Partner, or Official acting on behalf of the company or corporation.										
Name:		C	Official Tit	le:						
			Date:							
Signature										
3										

## Company Employee Listing

Your attention is called to the provision that each Class 7 Dealer must have one or more employees certified to fill LP-Gas Autogas containers. Please list the employees whose certifications will be renewed.

	Last Name		First Name		Certification Number			
1								
2								
3								
4								
5								
6								
Remit \$100.00 for your Class 7 Permit and \$25.00 for each employee certification being renewed.								
			Class 7 Permit =		]			
Number of Renewed Employees X \$25.00 =								
		Class 7 Per	rmit Renewal Total =		]			
Is Total Correct? (Click to Check)								
Please	e make check payable to: Arkansa	s LP-Gas E	<b>Board</b> and attach to re	newal application and	d submit complete.			
*** <u>DO NOT PAY INVOICES WITH PERMIT RENEWAL CHECK</u> ***								
Evidence of Insurance coverage in amounts required by state law MUST accompany renewal								
Name of Insurance Company:								
Name of Individual completing application:								
Conta	ct Email:							
Contact Phone Number:								
	,							

Mail Renewal Application to:

Liquefied Petroleum Gas Board 3800 Richards Road North Little Rock, AR 72117-2944