



LIQUEFIED PETROLEUM GAS BOARD

OFFICE USE ONLY	
Account ID:	
Date Received:	
Check Number:	
Check Amount:	
Invoice Number:	
Permit No. Issued:	

Class 1 Permit Renewal Application

*** All renewals are due at the LP-Gas Board Office no later than DECEMBER 1st ***

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 Email:

Physical Address:

Street

City

State

Zip

Mailing Address:

Street/PO Box

City

State

Zip

Billing Address:

Street/PO Box

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:

Official Title:

Date:

Signature

County Operation Listing

Home County:

Please indicate additional counties included in this renewal by placing an "X" in the box next to the county. All counties selected must be contiguous with "Home County".

(DO NOT place an "X" next to Home county)

Arkansas <input type="checkbox"/>	Garland <input type="checkbox"/>	Newton <input type="checkbox"/>
Ashley <input type="checkbox"/>	Grant <input type="checkbox"/>	Ouachita <input type="checkbox"/>
Baxter <input type="checkbox"/>	Greene <input type="checkbox"/>	Perry <input type="checkbox"/>
Benton <input type="checkbox"/>	Hempstead <input type="checkbox"/>	Phillips <input type="checkbox"/>
Boone <input type="checkbox"/>	Hot Spring <input type="checkbox"/>	Pike <input type="checkbox"/>
Bradley <input type="checkbox"/>	Howard <input type="checkbox"/>	Poinsett <input type="checkbox"/>
Calhoun <input type="checkbox"/>	Independence <input type="checkbox"/>	Polk <input type="checkbox"/>
Carroll <input type="checkbox"/>	Izard <input type="checkbox"/>	Pope <input type="checkbox"/>
Chicot <input type="checkbox"/>	Jackson <input type="checkbox"/>	Prairie <input type="checkbox"/>
Clark <input type="checkbox"/>	Jefferson <input type="checkbox"/>	Pulaski <input type="checkbox"/>
Clay <input type="checkbox"/>	Johnson <input type="checkbox"/>	Randolph <input type="checkbox"/>
Cleburne <input type="checkbox"/>	Lafayette <input type="checkbox"/>	Saline <input type="checkbox"/>
Cleveland <input type="checkbox"/>	Lawrence <input type="checkbox"/>	Scott <input type="checkbox"/>
Columbia <input type="checkbox"/>	Lee <input type="checkbox"/>	Searcy <input type="checkbox"/>
Conway <input type="checkbox"/>	Lincoln <input type="checkbox"/>	Sebastian <input type="checkbox"/>
Craighead <input type="checkbox"/>	Little River <input type="checkbox"/>	Sevier <input type="checkbox"/>
Crawford <input type="checkbox"/>	Logan <input type="checkbox"/>	Sharp <input type="checkbox"/>
Crittenden <input type="checkbox"/>	Lonoke <input type="checkbox"/>	St. Francis <input type="checkbox"/>
Cross <input type="checkbox"/>	Madison <input type="checkbox"/>	Stone <input type="checkbox"/>
Dallas <input type="checkbox"/>	Marion <input type="checkbox"/>	Union <input type="checkbox"/>
Desha <input type="checkbox"/>	Miller <input type="checkbox"/>	Van Buren <input type="checkbox"/>
Drew <input type="checkbox"/>	Mississippi <input type="checkbox"/>	Washington <input type="checkbox"/>
Faulkner <input type="checkbox"/>	Monroe <input type="checkbox"/>	White <input type="checkbox"/>
Franklin <input type="checkbox"/>	Montgomery <input type="checkbox"/>	Woodruff <input type="checkbox"/>
Fulton <input type="checkbox"/>	Nevada <input type="checkbox"/>	Yell <input type="checkbox"/>

Company Employee Listing

	Last Name	First Name	Certification Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
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25			
26			
27			
28			
29			
30			

(Make copy of page for additional employees)

Renewal Payment Form

Remit \$500.00 for the "Home County" of your Class 1 Permit and \$300.00 for each additional county. All counties selected must be contiguous with your "Home County". Remit \$25.00 for each certified employee being renewed.

Home County:	\$500.00
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Number of Additional Counties	X \$300.00 =	
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Number of Renewed Employees	X \$25.00 =	
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Class 1 Permit Renewal Total =	
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Is Total Correct? (Click to Check)

Please make check payable to: **Arkansas LP-Gas Board** and attach to renewal application and submit complete.

***** DO NOT PAY INVOICES WITH PERMIT RENEWAL CHECK*****

Evidence of insurance coverage in amounts required by state law **MUST accompany renewal**

Name of Insurance Company:	
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Name of Individual Completing Application:	
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Contact Phone Number:	
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Contact Email:	
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Mail Renewal Application to:

**LIQUEFIED PETROLEUM GAS BOARD
3800 RICHARDS ROAD
NORTH LITTLE ROCK, AR 72117-2944**