



LIQUEFIED PETROLEUM GAS BOARD

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

Liquefied Petroleum Gas Permit Application

This form must be filled out legibly and completely (type or print all sections of this form).															
Name of Company:															
Physical Address:		Street			City			State		Zip					
Mailing Address:		Street			City			State		Zip					
Billing Address:		Street			City			State		Zip					
Phone Number:		Fax Number:			Email:										
Is Company Incorporated:		Yes	No	If yes, What State:			Year of Incorporation:								
All permits must be issued to an individual as Owner, Partner, or Official acting on behalf of the company or corporation.															
Name:		Official Title:													
Home Mailing Address:		Street			City			State		Zip					
Home Phone:		Cell Phone:			Email:										
Class of permit applied for:															
Class 1		Class 2		Class 3		Class 4		Class 5		Class 8		Class 9		Class 10	
<p>Notes:</p> <ol style="list-style-type: none"> For Class 1,2,3,5,9, and 10 permits: Evidence of intent to insure in the amounts required must accompany application. For Class 1,2,3,5, and 10 permits: Full time employment of certified individuals whose competency has been proven through written or oral examination is required. For Class 1: Full time employment of an individual who has received their Safety Supervisor certification is required. For Class 1, and 3 permits: Pre-installation site approval must be received prior to storage being installed. For Class 3: Supplier contract with a Class 1 permit holder must accompany application. <p>Additional requirements specific to each Class permit may apply. A list of requirements can be found on our website at www.arkansaslpogasboard.com or you may contact the agency at 501-683-4100. Excluding Class 1, all permits will be issued upon meeting all requirements. Class 1 applications must be reviewed and approved by the Board at a regularly scheduled meeting. Meeting times will be posted 30 days prior and can be found at www.Arkansas.gov.</p>															
Home County of Operation:		Class 1 additional Counties:													
Name of Safety Supervisor (Class 1):		Certification Number:													
Application Date:															
Name of Individual Signing:		Signature													
<p>\$50.00 Filing Fee Must Accompany Application MAIL TO: Liquefied Petroleum Gas Board, 3800 Richards Road, North Little Rock, AR 72117-2944</p>															