

LIQUEFIED PETROLEUM GAS BOARD

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

Class 10 Permit Renewal Application

Class to I clin	re Reme war rippine	ucion			i cillit ivo. issued	·		
*** All renewals are due at the LP-Gas Board Office no later than DECEMBER 1 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:	Stroot		City			State	Zip	
	Street		City			State	Zip	
Mailing Address:	Street/PO E	Roy	City			State	Zip	
Billing Address:	Street OL		T			Glate	2.19	
Billing Address.	Street/PO E	Вох	City			State	Zip	
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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								
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Company Employee Listing

Your attention is called to the provision that each Class 10 Dealer must have one or more employees certified to make installations of LP-Gas plumbing and appliances. Please list employees whose certifications will be renewed.

	Last Name	First Name	Number					
Remit \$100.00 for your Class 10 Permit and \$25.00 for each employee certification being renewed.								
		Class 10 Permit =						
Number of Renewed Employees X \$25.00 =								
	Class 1	0 Permit Renewal Total =						
Is Total Correct? (Click to Check)								
make check	payable to: Arkansas LP-G	Gas Board and attach to renewal application a	and submit complete.					
*** DO NOT PAY INVOICES WITH PERMIT RENEWAL CHECK***								
Tham of modernia.								
Name of Individual completing application:								
ct Email:								
Contact Phone Number:								
	Evidence of Insurance of Individual ct Email:	Number of Renewed Emplo Class 1 make check payable to: Arkansas LP-G *** DO NOT PAY INVOICE Evidence of Insurance coverage in a of Insurance Company: of Individual completing application: ct Email:	Class 10 Permit = Number of Renewed Employees X \$25.00 = Class 10 Permit Renewal Total = Is Total Correct? (Click to Check) make check payable to: Arkansas LP-Gas Board and attach to renewal application a *** DO NOT PAY INVOICES WITH PERMIT RENEWAL CHECK*** Evidence of Insurance coverage in amounts required by state law MUST accompand of Insurance Company: of Individual completing application: ct Email:					

Mail Renewal Application to:

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