

STATE OF OKLAHOMA
LP GAS RESEARCH, MARKETING AND SAFETY COMMISSION

IMPORTER-S
ASSESSMENT REPORT AND REMITTANCE FORM

This report must be completed and returned to the Commission no later than the 25th day of the month following the date of import as indicated below.

IMPORTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

The enclosed remittance applies to liquefied petroleum gas (LPG) imported into Oklahoma during the following period: _____
month year

Gallons Imported into Oklahoma	_____
Times Assessment rate	X .005
Total Amount Due	\$ _____.

The assessment due by the above-named importer is hereby remitted to the Oklahoma LP Gas Research, Marketing and Safety Commission.

I hereby declare that I am authorized to sign this report and that the information stated herein is true, correct and complete to the best of my knowledge.

Authorized Signature Phone #

Print Name Date

Return To: Oklahoma LP Gas Research, Marketing and Safety Commission
P.O. Box 54889
Oklahoma City OK 73154
(405) 879-9828 Fax (405) 424-1781

This form may be duplicated as needed.