

### OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St Oklahoma City, OK 73105 405-521-6100/888-269-5353

APPLICATION TYPE	APPLICATION FEE		Please make your Check, Money Order					
□ New	\$50.00 <i>per fuel type</i>		0		shier's Check payable to ODOL FEE IS NON-REFUNDABLE			
REQUIRED DOCUMENTATION	N FOR NEW APPLICANTS							
U.S. CITIZENS:			NON-U.S. C	ITIZENS:				
Affidavit of Lawful Presence, signed				Verification of Immigration Status				
A valid, unexpired Driver's License <u>OR</u> State Issued Photo-				Affidavit of Lawful Presence, signed     Available presence of Driver's Licenses OR State Jacobs Blocks				
Identification Card <u>OR</u> Military ID <u>AND</u>				<ul> <li>A valid, unexpired Driver's License <u>OR</u> State Issued Photo- Identification Card <u>OR</u> Military ID <u>AND</u></li> </ul>				
Birth Certificate <u>OR</u> Social Security Card <u>OR</u> A valid, unexpired								
<ul><li>passport <u>OR</u> A W-2 form fr</li><li>Passing score from state ap</li></ul>	passpor	passport OR A W-2 form/1099 form from current employer						
Passing score from state ap training program for writte	•	<ul> <li>Passing score from state approved school/apprenticeship training program for written exam and skills test</li> </ul>						
All new applicants must appear					-			
*"If a person holds a valid Class I I the Oklahoma Statutes, the requir submitted.								
The undersigned applicant herek repairing, modifying, or renovati		Alternat	ive Fuels Compressi	ion Techniciar	License to enga	ge in installing, servicing,		
□ CNG LEVEL 1 □	LNG LEVEL 1	☐ Other	LEVEL 1	_	☐ Other	LEVEL 1		
☐ CNG LEVEL 2 ☐			LEVEL 2	_	☐ Other	LEVEL 2		
Level Two applications REQU				Experience i	Form.			
APPLICANT INFORMATION								
Name:			E	E-mail Address	s:			
Mailing Address:	Mailing Address: City			State Zip Code				
Social Security #:	Dat	te of Birt	th:		Phone #: (	)		
EMPLOYER INFORMATION	<u></u>							
Company Name & License #: Company Phone # ( )						)		
Company Address:	City:			State:		Zip Code:		
Signature of Owner/Mar	nager		DATE					
*Within the past six (6) month member of the National Guar If yes, provide date of dischar	d or Reserves, or transferred	d from a	nother state to Okla			oming off Active Duty as a		
*Are you a spouse of an active	duty member of the Armed	Forces o	of the United States	? □Yes [	□No			
I certify that this information is certification held.	s true and correct. Any false	e or frau	udulent statement	shall be caus	e for suspension	or revocation of the		
Applicant Cimature 1	ADDI ICATIONI CANALOT DE CO	OCCCC	D WITHOUT A CLOS	ATURE AND		Data		
	APPLICATION CANNOT BE PR	ULESSE	ייייי ע vviinuui A SIGN	AIUKE AND I	- CE	Date		
OR OFFICE USE ONLY			Date:	Lic #:		Receipt #:		
The state of the s	The Department of Labor will not discriminate against any individual or			LIC #.				
group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.								
			Initials:	Payme	ent Type:	Amount:		



# Affidavit Regarding Applicant's Experience Alternative Fuels Compression Technician Level II Alternative Fuels Program www.oklahoma.gov/labor

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Applicant Name:		Current License # (if applicable):
READ INSTRUCTIONS BEFORE COM	LETING THIS FORM	
therefore, is requesting their curren an applicant's experience in the cla employer can only attest to the expe	and/or previous employer to certify kasification cited on this form shall be rience obtained under their employm	certificates in support of their experience. The applicant, knowledge of experience. All statements made on behalf of verified by a qualified and responsible person. A current ent.
Please identify your business relatio	ship to the applicant	
certify that I have direct knowledge	that said applicant was employed by	
to perform work in accordance with	the Oklahoma Alternative Fuels Techn	Company name & License # (if applicable)  ician Certification Act 40 O.S. § 142.1
from	to	·
Date	Date	
I state under penalty of perjury undo understand this form and executed	<del>-</del>	ing is true and correct and that I have read and
Date:	Sign	nature:
City & State:	Prir	nt Name:

INSTRUCTIONS FOR USE OF THE AFFIDAVIT BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

The person signing this form must read these instructions carefully.

- 1. In the space after the word "*Date*", the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
- 2. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of a fact and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma and may be punishable by a term or incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.



## Affidavit of Lawful Presence Occupational Licensing Program www.oklahoma.gov/labor

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## AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

(check which of the following statements apply):	hat one of the following statements is true and correct				
☐ I am a United States citizen.					
☐ I am a qualified alien under the Federal Immigration and Nationality Act and lawfully present in the United States.					
Alien or Admission Number:					
I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct and that I have read and understand this form and executed it in my own hand.					
Date:	Signature:				
City & State:	Print Name:				
If applying to renew a license, permit, or certificate, please write the number:					

# INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

The person signing this form must read these instructions carefully

- If the person executing this form is receiving services and not making an application for a license, permit, or certificate, this form should not be used, but rather, either the form titled "Affidavit of Lawful Presence by Parent or Guardian Receiving Services", or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
- 2. If the person executing this form is a citizen of the United States, then that person should check the box to the left of the statement "I am a United States citizen". If the person executing this form is not a citizen of the United States, but is a qualified alien under the Federal Immigration and Nationality Act, and is lawfully present in the United States, then that person should check the box to the left of the statement "I am a qualified alien under the Federal Immigration and Nationality Act and lawfully present in the United States".
- 3. In the space after the word "*Date*", the person executing this form should write today's date. In the space after the words "*City & State*", the person executing this form should indicate the city and state where they are actually located when they sign this form.
- 4. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma, and may be punishable by a term or incarceration of no more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.