Oklahoma Alternative Fuels Conversion Report

Alternative Fuels Program www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

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

Oklahoma Administrative Code: 260:90-7-4 Decals and conversion reporting procedure

- (d) The following reporting procedure must be performed after each vehicle conversion:

technician. Informa Administrator no la permissible.	by the Administrator each vation deemed necessary by to the than ten (10) days after re to comply shall be deterr	the agency the comple	shall be inclu etion of the co	ided on the	form. These	forms must be sent		
DATE OF CONVERSION	l:							
CUSTOMER INFORMATION								
Name:								
Location:								
City:				State:		Zip Code:		
Phone #: ()	E-mail Add	ress:						
VEHICLE INFORMATION								
VIN #:				Fleet Vehicle: ☐ YES ☐ NO				
Year:	Make:			Model:				
CONVERSION INFORMATIO	N							
Conversion type: New In:	stall Modification R	emoval						
Fuel Type: CNG I	.PG □ LNG □ Elect	ric						
Fuel System: ☐ Dedicated Conversion ☐ Bi-Fuel Conversion ☐ Bi-Fuel Gasoline ☐ Bi-Fuel Diesel								
Kit Manufacturer:				EPA Certified (Check One): ☐ Yes ☐ No				
Kit Serial number:	Cylinder Expiration Date:							
INSTALLER INFORMATION								
Business Name:			Technician Name:					
Business Address:								
City:			State:		Zip Code:			
Phone #: ()		E-mail Address:						
☐ I understand that by chec my handwritten signature a	_		-		ow is the lego	al equivalent of hav	ing placed	
Technician Signature:		Date Signed		Technician Certificate (License) Number:				
OFFICE USE ONLY	-							
Department of Labor will not group because of race, sex, re status, disability or political be writing, hearing, etc., under to may make your needs known	Date:		Lic #:	Initials:				