

Oklahoma Alternative Fuels Equipment Technician Renewal Application

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

APPLICATION TYPE APPLICATION FEE				Please make your Check, Money Order				
Renewal	\$50.00 per fuel type			or Cashier's Check payable to ODOL FEE IS NON-REFUNDABLE				
☐ Late Fee*	Late Fee* \$10.00 - if certification is renewed more than 120 days after the certificate's expiration date. *If renewing more than 120 days after the certificate's expiration date, applicants must re-test							
DECLURED DOCUMENTATION FOR DENEWAL.								
REQUIRED DOCUMENTATION FOR RENEWAL: NON-U.S. CITIZENS:								
U.S. CITIZENS:A valid, unexpired Driver's License OR				Verification of immigration status Auglish an august Albiana CR				
State Issued Photo-ID Card OR Military ID AND				 A valid, unexpired Driver's License <u>OR</u> State Issued Photo ID card OR Military ID 				
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*"If a person holds a valid Class I Dealer Permit properly issued by the Oklahoma Liquefied Petroleum Gas Board, pursuant to Section 420.4 of Title 52 of the Oklahoma Statutes, the requirements of this section for certification or renewal of certification shall not be required". A copy of this permit must be submitted.								
The first year and every tenth year thereafter, you must appear in person at the Oklahoma Department of Labor or ODOL approved facility								
The undersigned applicant hereby makes application for renewal of an Alternative Fuels License to engage in installing, servicing,								
repairing, modifying, or renovating equipment used in the conversion of any engines fueled by alternative fuels.								
Please identify fuel system work to be performed								
TYPE: ☐ CNG	\square LNG	\square LPG		□ EV	\square Other			
APPLICANT INFORMATION								
Name:			Alt Fu	uels License Number	Social Security Number:		Date of Birth:	
Mailing Address:		City		Coun	ty State		Zip Code	
Walling Address.		City		Coun	ty State		2.6 6006	
Mobile Phone #: Work Phone #:			E-mail Address:					
()		()						
EMPLOYER INFORMATION								
Company:		Business Phone #:		Company License		any License #:		
				()				
Company Address:			City	,	State Z	ip Code	•	
company radices.			City			.p couc		
MILITARY STATUS								
*Within the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, coming off Active Duty								
as a member of the National Guard or Reserves, or transferred from another state to Oklahoma? \square Yes \square No If yes, provide date of discharge/coming off Active Duty/transfer:								
*Are you a spouse of an active duty member of the Armed Forces of the United States? No								
I certify the information given on this application by me is true and accurate to the best of my knowledge. I understand that false								
information could result in revocation of my license.								
Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE DATE								
FOR OFFICE USE ONLY								
The Department of Labor will not discriminate against any individual of group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading,			al or	Date:	Lic #:	R	eceipt #:	
				Initials:	Payment Type:	A	mount:	
writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.								