



Oklahoma Alternative Fuels Hire and Termination Form

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
Fax: 405-497-7039

HIRE AND TERMINATION FORM

Company:		Company License #:	Date:
Contact Person:		Company Phone #: ()	
Company Address:			
City:		State:	Zip Code:
Contact Email Address:			

TECHNICIANS

Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:
Name:	License Number:	<input type="checkbox"/> Hired <input type="checkbox"/> Terminated	Date:

I certify that the information given on this form by me is true and accurate to the best of my knowledge.
I understand that false information could result in revocation of my license.

Company Official Signature Date

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The Department of Labor will not discriminate against any individual or 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.	Date:	Initials:
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