

APPLICATION TYPE

Oklahoma Alternative Fuels Company Installation Certification Application

Alternative Fuels Program
www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

APPLICATION FEE

OKLAHOMA DEPARTMENT OF LABOR

3017 N. Stiles, Suite 100 Oklahoma City, OK 73105 405-521-6100/888-269-5353 M-F 8:00am-4:30pm

□ New \$1,000.00 (per location) □ Renewal \$1,000.00 (per location)		EXACT AMOUNT IS RECOMMENDED FEE IS NON-REFUNDABLE		
This certification shall be based on the abilit technician training program that must receive		•		
APPLICANT INFORMATION				
Business Name:	License # if renewing			
Contact Person:	Title:			
Business Address:				
City:	State:	Zip Code:	County	<i>y</i> :
Business Phone #: ()	Contac	Contact E-mail Address:		
LIST THE NAMES AND PHYSICAL ADDRESSES	S OF EACH LO	OCATION TO BE C	ERTIFIED	
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Name:		Physical Address:		
Applicant Signature / APPLICATION CANNOT I certify that this information is true and correct. Any held.				DATE n or revocation of the certification
FOR OFFICE USE ONLY The Department of Labor will not discriminate aga	ainst anv	Date:	Lic #:	Receipt #:
individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you		Dutc.	LIC III	neocipe II.
need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs know to this agency.		Initials:	Check/Cash:	Amount: