



**Oklahoma Alternative Fuels Compression
Technician Renewal Application**

Alternative Fuels Program
www.ok.gov/odol

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

**Please make your Check, Money Order
or Cashier's Check payable to ODOL
FEE IS NON-REFUNDABLE**

APPLICATION TYPE

APPLICATION FEE

- Renewal
- Late Fee*

\$50.00 *per fuel type*
\$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

REQUIRED DOCUMENTATION FOR RENEWAL:

U.S. CITIZENS:

- A valid, unexpired Driver's License **OR** State Issued Photo-ID Card **OR** Military ID **AND**
- Letter of self-insurance if employed by government agency

NON-U.S. CITIZENS:

- Verification of immigration status
- A valid, unexpired Driver's License **OR** State Issued Photo ID card **OR** Military ID
- Letter of self-insurance if employed by government agency

*"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 tenth 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 Compression Technician License to engage in installing, servicing, repairing, modifying, or renovating fill stations.

Please identify fuel system work to be performed

TYPE: Level I Level II Other Level I _____ Other Level II _____

APPLICANT INFORMATION

| | | | | |
|---------------------|-------------------|--------------------------|-------------------------|----------------|
| Name: | | Alt Fuels License Number | Social Security Number: | Date of Birth: |
| Mailing Address: | | City | State | Zip Code |
| Mobile Phone #: () | Work Phone #: () | E-mail Address: | | |

EMPLOYER INFORMATION

| | | |
|------------------|-----------------------|--------------------|
| Company: | Business Phone #: () | Company License #: |
| Company Address: | City | State Zip Code: |

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? Yes 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? Yes 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 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: | Lic #: | Receipt #: |
| | Initials: | Payment Type: | Amount: |