Oklahoma Alternative Fuels Equipment Technician Renewal Application

Alternative Fuels Program
www.labor.ok.gov

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

APPLICATION TYPE	APPLICATION FEE
☐ Renewal	$50.00 ***per fuel type***
☐ Late Fee*	$10.00 - if certification is renewed more than 120 days after the certificate's expiration date.

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

***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 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 ☐ LNG ☐ LPG ☐ EV ☐ Other

APPLICANT INFORMATION

Name:	Alt Fuels License Number	Social Security Number:	Date of Birth:

Mailing Address:	City	County	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: