

**Renewable Energy Recycling Facility  
Registration and Contact Information**  
Return completed form to PUDsubmissions@occ.ok.gov



**Entity Information**

|  |  |
|--|--|
| Name - company name or individual name         |  |
| DBA - (Doing Business As)                      |  |
| Company Type - Individual, Inc, LLC, etc.      |  |
| Address - Physical street address              |  |
| City, State Zip Code                           |  |
| Contact Name and Title                         |  |
| Contact Phone #                                |  |
| Contact Email                                  |  |
| Billing Address Attention - department, person |  |
| Billing Address - street or PO Box.            |  |
| Billing City, State Zip Code                   |  |

**Alternate Company Information (if applicable)**

|   |  |
|---|--|
| Name - company name or individual name    |  |
| DBA - (Doing Business As)                 |  |
| Company Type - Individual, Inc, LLC, etc. |  |
| Address - Physical street address         |  |
| City, State Zip Code                      |  |
| Contact Name and Title                    |  |
| Contact Phone #                           |  |
| Contact Email                             |  |

Reference Oklahoma Statute 17 O.S. § 160.14A; OAC 165:35-45-9  
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