



**Oklahoma Alternative Fuels
Add-Drop Locations Form**
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

INSTRUCTIONS: This form is to be used when a company is adding or dropping Alternative Fuels dispenser locations. If additional space is needed, please complete more than one form.			
Name of the Company adding or dropping location(s).			
Company:		Company License #:	Date:
Contact Person:		Company Phone #: ()	
Company Address:			
City:	State:	Zip Code:	County:
Contact Email Address:			
Name and address of location(s) to be added or dropped.			
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
<p>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.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Company Official Signature Date </div>			

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 #:	Initials: