



Oklahoma Alternative Fuels Company Change of Information Form

Alternative Fuels Program
www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

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

Oklahoma Administrative Code 380:-7-8 Change of address of holder of certificate or registration

Any holder of a certificate or registration issued in accordance with the provisions of the Alternative Fuels Technician Certification Act shall notify the agency of any change in such holder's address no later than thirty (30) days of such change.

Oklahoma Administrative Code 380:80-7-9 Insurance Requirements

Insurance under this section shall be kept and remain in force during the lifetime of the certification issued hereunder. An insurance certificate or certificates showing that the required insurance coverage is in force must be filed with the agency.

DATE OF CHANGE:

COMPANY CURRENT INFORMATION

Company Name:		Certification Number:	
Contact Person:		Title:	
Company Physical Address:			
City:	State:	Zip Code:	County:
Company Mailing Address:			
City:		State:	Zip Code:
Business Phone #: ()		Contact E-mail Address:	



Company Official Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE

DATE

I certify that this information is true and correct. Any false or fraudulent statement shall be cause for suspension or revocation of the certification held.

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:	Check/Cash:	Amount: