Oklahoma Alternative Fuels Compression Technician Application

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

APPLICATION TYPE	APPLICATION FEE
☐New	$50.00 ***per fuel type***

EXACT AMOUNT IS REQUIRED
FEE IS NON-REFUNDABLE

FEES ARE PRORATED TO BIRTH MONTH

REQUIRED DOCUMENTATION FOR NEW APPLICANTS

U.S. CITIZENS:

- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form from current employer
- Passing score from state approved school/apprenticeship training program for written exam and skills test

NON-U.S. CITIZENS:

- Verification of Immigration Status
- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form/1099 form from current employer
- Passing score from state approved school/apprenticeship training program for written exam and skills test

All new applicants must appear IN PERSON at the Oklahoma Department of Labor or approved facility

*"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 undersigned applicant hereby makes application for an Alternative Fuels Compression Technician License to engage in installing, servicing, repairing, modifying, or renovating fill stations.

☐ **CNG LEVEL 1** ☐ **LNG LEVEL 1** ☐ **Other LEVEL 1_____** ☐ **Other LEVEL 1_____**

☐ **CNG LEVEL 2** ☐ **LNG LEVEL 2** ☐ **Other LEVEL 2 _____** ☐ **Other LEVEL 2_____**

Level Two applications REQUIRE a completed Affidavit Regarding Applicant's Experience Form.

APPLICANT INFORMATION

Name:	**E-mail Address:**
Mailing Address: **City** **State** **Zip Code**	
Social Security #:	**Date of Birth:** **Phone #: ( )**

EMPLOYER INFORMATION (REQUIRED)

Company Name & License #:	**Company Phone # ( )**
Company Address: **City:** **State:** **Zip Code:**	

Signature of Owner/Manager **DATE** ***License will not be issued if not signed.***

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

Applicant Signature / *APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE* **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: