



**Oklahoma Alternative Fuels Compression Technician Application**  
 Alternative Fuels Program  
[www.ok.gov/odol](http://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

<b>APPLICATION TYPE</b>	<b>APPLICATION FEE</b>	<b>Please make your Check, Money Order or Cashier's Check payable to ODOL FEE IS NON-REFUNDABLE</b>
<input type="checkbox"/> New	\$50.00 <i>per fuel type</i>	

**REQUIRED DOCUMENTATION FOR NEW APPLICANTS**

<p><b>U.S. CITIZENS:</b></p> <ul style="list-style-type: none"> <li>Affidavit of Lawful Presence, signed</li> <li>A valid, unexpired Driver's License <b>OR</b> State Issued Photo-Identification Card <b>OR</b> Military ID <b>AND</b></li> <li>Birth Certificate <b>OR</b> Social Security Card <b>OR</b> A valid, unexpired passport <b>OR</b> A W-2 form from current employer</li> <li>Passing score from state approved school/apprenticeship training program for written exam and skills test</li> </ul>	<p><b>NON-U.S. CITIZENS:</b></p> <ul style="list-style-type: none"> <li>Verification of Immigration Status</li> <li>Affidavit of Lawful Presence, signed</li> <li>A valid, unexpired Driver's License <b>OR</b> State Issued Photo-Identification Card <b>OR</b> Military ID <b>AND</b></li> <li>Birth Certificate <b>OR</b> Social Security Card <b>OR</b> A valid, unexpired passport <b>OR</b> A W-2 form/1099 form from current employer</li> <li>Passing score from state approved school/apprenticeship training program for written exam and skills test</li> </ul>
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**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.

<input type="checkbox"/> CNG LEVEL 1	<input type="checkbox"/> LNG LEVEL 1	<input type="checkbox"/> Other LEVEL 1 _____	<input type="checkbox"/> Other LEVEL 1 _____
<input type="checkbox"/> CNG LEVEL 2	<input type="checkbox"/> LNG LEVEL 2	<input type="checkbox"/> Other LEVEL 2 _____	<input type="checkbox"/> 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: