



**Affidavit Regarding Applicant's Experience**  
**Alternative Fuels Compression Technician**  
**Level II**  
 Alternative Fuels Program  
 www.labor.ok.gov  
 Melissa McLawhorn Houston, Commissioner

**OKLAHOMA DEPARTMENT OF LABOR**  
 3017 N Stiles, Ste. 100  
 Oklahoma City, OK 73105  
 405-521-6100 / 888-269-5353  
 M-F 8:00a.m – 4:30p.m

<b>Applicant Name:</b>	<b>Current License # (if applicable):</b>
------------------------	---

**READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

The applicant named on this form is required to furnish one or more certificates in support of their experience. The applicant, therefore, is requesting their current and/or previous employer to certify knowledge of experience. All statements made on behalf of an applicant's experience in the classification cited on this form shall be verified by a qualified and responsible person. A current employer can only attest to the experience obtained under their employment.

Describe in detail the type of work performed by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please identify your business relationship to the applicant \_\_\_\_\_

I certify that I have direct knowledge that said applicant was employed by \_\_\_\_\_

*Company name & License # (if applicable)*

to perform work in accordance with the Oklahoma Alternative Fuels Technician Certification Act 40 O.S. § 142.1

from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

City & State: \_\_\_\_\_ Print Name: \_\_\_\_\_

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. In the space after the word "**Date**", the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
2. Within the context of the execution of this form, the term "*penalty of perjury*" means the willful assertion of a fact and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma and may be punishable by a term or incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.

**Attach additional pages as needed to document all work experience.**