



Oklahoma Alternative Fuels Conversion Report

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: 260:90-7-4 Decals and conversion reporting procedure

(d) The following reporting procedure must be performed after each vehicle conversion:

- (1) On forms, provided by the Administrator each vehicle converted shall be reported to the Administrator by the certified technician. Information deemed necessary by the agency shall be included on the form. These forms must be sent to the Administrator no later than ten (10) days after the completion of the conversion. Photocopying of these forms is permissible.
- (2) The penalty for failure to comply shall be determined by the Board.

DATE OF CONVERSION:

CUSTOMER INFORMATION

Name:

Location:

City:

State:

Zip Code:

Phone #: ()

E-mail Address:

VEHICLE INFORMATION

VIN #:

Year:

Make:

Model:

CONVERSION INFORMATION

Conversion type: New Install Modification Removal

Fuel Type: CNG LPG LNG Electric

Fuel System: Dedicated Conversion Bi-Fuel Conversion Bi-Fuel Gasoline Bi-Fuel Diesel

Kit Manufacturer:

EPA Certified (Check One): Yes No

Kit Serial number:

Cylinder Expiration Date:

INSTALLER INFORMATION

Business Name:

Technician Name:

Business Address:

City:

State:

Zip Code:

Phone #: ()

E-mail Address:

I understand that by checking the box and entering my name and certificate number below is the legal equivalent of having placed my handwritten signature affirming the truth of the information contained therein.

Technician Signature:

Date Signed

Technician Certificate (License) Number:

OFFICE USE ONLY

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: