Oklahoma Alternative Fuels Electric Vehicle 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	EXACT AMOUNT IS RECOMMENDED FEE IS NON-REFUNDABLE
☐New	$50.00	

REQUIRED DOCUMENTATION FOR NEW APPLICANTS

U.S. CITIZENS:

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

NON-U.S. CITIZENS:

- Previously mentioned documents **AND**
- Verification of immigration status

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 a license to install, modify, repair, and perform maintenance on, motors, controllers, on-board power sources, or the drive systems of vehicles powered by electricity. This includes vehicles originally equipped as electric vehicles, vehicles converted from gliders, and vehicles converted from internal combustion engine vehicles.

Please identify fuel system work to be performed

TYPE: ☐ CNG ☐ LNG ☐ LPG ☐ EV ☐ Other

APPLICANT INFORMATION

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

EMPLOYER INFORMATION (REQUIRED)

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

MANAGER/OWNER SIGATURE – REQUIRED

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

_____

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