



Oklahoma Alternative Fuels Equipment Company

Certification 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
<input type="checkbox"/> New	\$100.00	
<input type="checkbox"/> Renewal	\$100.00	

All applicants must provide payment along with this application, as well as the following documentation:

1. Completed Oklahoma Alternative Fuels Company Certification Application
2. Certificate of General Liability Insurance in excess of 1,000,000.00 listing the Oklahoma Department of Labor as the certificate holder

(If a Waiver of Fees is requested, a current copy of a proof of Class One Dealer Permit issued from the Oklahoma Liquefied Gas Board must be submitted with this application – See Section 420.4 of Title 52 of the Oklahoma Statutes

The undersigned applicant hereby makes application for certification of an alternative fuels certificate to engage in the physical installation, servicing, repairing, modifying, or renovating equipment used in the conversion of vehicles to engines fueled by alternative fueled motor vehicle systems in the State of Oklahoma.

Please identify fuel system work to be performed.

TYPE: CNG LNG LPG EV Other

Will mobile services be provided? NO YES – Certificate of Liability Insurance must indicate company is covered to provide mobile services.

APPLICANT INFORMATION

Business Name:	Business Phone: ()
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Contact Person & Title:	Contact E-mail Address:
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Physical Address (Required):	City	County	State	Zip Code:
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Mailing Address (If different):	City:	State:	Zip Code:
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LIST THE NAMES AND CERTIFICATE NUMBERS OF ALTERNATIVE FUELS TECHNICIANS IN YOUR SHOP

Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:

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
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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: