



**Oklahoma Alternative Fuels Equipment 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> <input type="checkbox"/> New	<b>APPLICATION FEE</b> \$50.00 <i>per fuel type</i>	<b>Please make your Check, Money Order or Cashiers Check payable to ODOL FEE IS NON-REFUNDABLE</b>
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**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.

**Please identify fuel system work to be performed**  
 TYPE:     CNG         LNG         LPG         EV         Other \_\_\_\_\_

**APPLICANT INFORMATION**

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

**EMPLOYER INFORMATION (REQUIRED)**

<b>Company:</b>	<b>Company License #:</b>
<b>Company Address:</b>	<b>City</b> <b>State</b> <b>Zip Code</b>
<b>Company Phone #:</b> (    )	

\_\_\_\_\_ **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: