Oklahoma Alternative Fuels Compression 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
☐New	$100.00
☐ Renewal	$100.00

EXACT AMOUNT IS RECOMMENDED

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 compression company, partnership, or corporation engaged in the business of installing, servicing, repairing, modifying, or renovating fill stations.

Please identify fuel system work to be performed.

TYPE: ☐ CNG ☐ LNG ☐ LPG ☐ 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: ( )**	
Contact Person & Title::			**Contact E-mail Address:**	
Physical Address (Required):	**City**	**State**	**County:**	**Zip Code:**
Mailing Address (if different)	**City:**	**State:**		**Zip Code:**

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**

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: