



**Oklahoma Alternative Fuels Installation
Certification Add-Drop Locations Form**

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

ADD-DROP LOCATIONS FORM			
Company:	Company License #:	Date:	
Contact Person:	Company Phone #: ()		
Company Address:			
City:	State:	Zip Code:	County:
Contact Email Address:			
LOCATIONS			
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
Name:		<input type="checkbox"/> Added <input type="checkbox"/> Dropped	Date:
Address:	City	State:	Zip Code:
I certify that the information given on this form by me is true and accurate to the best of my knowledge.			
I understand that false information could result in revocation of my license.			
_____ Company Official Signature			_____ 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:	Check/Cash:	Amount: