



Oklahoma Alternative Fuels Post Collision Inspection Report

Alternative Fuels Program

www.ok.gov/odo

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

DATE OF REPORT:			
CUSTOMER INFORMATION			
Name:			
Location:	City:	State:	Zip Code: County:
Phone #: ()		E-mail Address:	
VEHICLE INFORMATION			
VIN #:			
Year:	Make:	Model:	
CONVERSION INFORMATION			
Fuel Type: <input type="checkbox"/> Biodiesel <input type="checkbox"/> E85 <input type="checkbox"/> LPG <input type="checkbox"/> CNG <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____			
Fuel System: <input type="checkbox"/> Dedicated Conversion <input type="checkbox"/> Bi-Fuel Conversion			
Kit Manufacturer:		EPA Certified (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cylinder Expiration Date:			
INSTALLER INFORMATION			
Business Name:		Technician Name:	
Business Address:			
City:		State:	Zip Code:
Phone #: ()		E-mail Address:	
INSPECTION INFORMATION			
Was damage to the alternative fuels system found? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list issues and/or repairs: _____			

<input type="checkbox"/> I understand that by checking the box and entering my name and certificate number below is the legal equivalent of having placed my handwritten signature affirming the truth of the information contained therein.			
Technician Name & Certificate #:		Signature	
_____		_____	