

**Oklahoma Alternative Fuels Post Collision Inspection Report**

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

<b>DATE OF REPORT:</b>			
<b>CUSTOMER INFORMATION</b>			
Name:			
Location:			
City:		State:	Zip Code:
County:			
Phone #: (    )		E-mail Address:	
<b>VEHICLE INFORMATION</b>			
VIN #:			
Year:	Make:	Model:	
<b>CONVERSION INFORMATION</b>			
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:			
<b>INSTALLER INFORMATION</b>			
Business Name:		Technician Name:	
Business Address:			
City:		State:	Zip Code:
Phone #: (    )		E-mail Address:	
<b>INSPECTION INFORMATION</b>			
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:		Signature	Certificate Number: