



**Oklahoma Alternative Fuels Technician Address
and/or Employment Change 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

Oklahoma Administrative Code 260:90-5-12. Change of address of holder of certificate or registration

Any holder of a certificate or registration issued in accordance with the provisions of the Alternative Fuels Technician Certification Act shall notify the agency of any change in such holder's address no later than thirty (30) days of such change.

Oklahoma Administrative Code 260:90-5-13(2). Insurance Requirements Insurance under this section shall be kept and remain in force during the lifetime of the certification issued hereunder. An insurance certificate or certificates showing that the required insurance coverage is in force must be filed with the agency. If you submitted insurance coverage under your previous employer, you must submit an updated insurance policy under your current employer or, if self-insured, a General Liability under your own company/name.

DATE OF CHANGE:

TECHNICIAN CURRENT INFORMATION

Technician Name:		Certification Number:	
Technician Address:			
City:		State:	Zip Code:
Phone #: ()		E-mail Address:	

CURRENT EMPLOYER INFORMATION

Company Name:		Company License #	
Supervisor:		Contact Phone #: ()	
Company Address:			
City:		State:	Zip Code:

Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE

DATE

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.

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: