Alternative Fuels Compression Technician Trainee Registration *RENEWAL*

Alternative Fuels Program

www.ok.gov/odol

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

Registration Fees:

☐**Renewal – $25.00**

Please make your Check, Money Order or Cashier's Check payable to ODOL
FEE IS NON-REFUNDABLE

REQUIRED DOCUMENTATION FOR NEW APPLICANTS:

U.S. CITIZENS:

- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**

NON-U.S. CITIZENS:

- Verification of Immigration Status
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**

The tenth year and every tenth year thereafter, you must appear in person at the Oklahoma Department of Labor or ODOL approved facility

APPLICANT INFORMATION:

Name:			**Applicant Hire Date:**
Mailing Address:	**City**	**State**	**Zip Code:**
Social Security #:		**Date of Birth:**	
Phone: ( )		**E-mail Address (REQUIRED):**	

EMPLOYER INFORMATION (REQUIRED)

Company Name & License #:		**Company Phone #**	
Company Address:	**City:**	**State:**	**Zip Code:**

Signature of Owner/Manager **DATE** ***License will not be issued if not signed.***

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 the information given on this application by me is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.

Signature of Applicant / *APPLICATION CANNOT BE PROCESSED WITHOUT A 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:	Payment Type	Amount: