



Oklahoma Alternative Fuels Company Training Program

Application

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

APPLICATION TYPE	APPLICATION FEE	EXACT AMOUNT IS RECOMMENDED	
<input type="checkbox"/> Training Program	\$500.00 (one-time fee)	FEE IS NON-REFUNDABLE	
All applicants must provide payment along with this application, as well as the following documentation:			
<ol style="list-style-type: none"> 1. Completed employee list for each location (must have at least ten (10) employees per location) 2. Copy of training program <ol style="list-style-type: none"> a) Curriculum b) Goals and Objectives 3. Certificate of General Liability Insurance in excess of \$50,000.00 listing the Oklahoma Department of Labor as the certificate holder 			
APPLICANT INFORMATION			
Business Name:			
Contact Person:		Title:	
Business Address:			
City:	State:	Zip Code:	County:
Business Phone #: ()		Contact E-mail Address:	
LIST THE NAMES AND CERTIFICATE NUMBERS OF ALTERNATIVE FUELS TECHNICIANS IN THE PRIMARY SHOP			
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____ Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE 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:



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Mark Costello, Commissioner

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M-F 8:00am-4:30pm

LOCATION INFORMATION		
Location Name:		
Location Manager/Officer Name:		Title:
Location Address:		
City:		State: Zip Code:
Location Phone #: ()		Contact E-mail Address:

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

**THIS FORM MUST BE COMPLETED.
IF ADDITIONAL LOCATIONS EXIST, MAKE COPIES OF THIS PAGE FOR
EACH LOCATION.**