



# Alternative Fuels Permit Exception Application

Oklahoma Department of Labor

SSD/Licensing Division

www.labor.ok.gov

Oklahoma Dept of Labor  
Alternative Fuels Division  
3017 N Stiles, Suite 100  
Oklahoma City, OK 73105  
405-521-6100  
888-269-5353  
FAX (405) 521-6017  
www.ok.gov/odol

FOR OFFICE USE ONLY		
DATE OF APPROVAL	PERMIT APPROVED BY	PERMIT #

Section 380:80-1-5 of the Oklahoma Administrative Code requires this form to be filed 30 days prior to construction of a stationary Compressed Natural Gas (CNG) installation. A separate form must be used for each facility proposed to be installed.

A non-refundable fee of \$1000.00 must accompany each original application. DO NOT SEND CASH. **NOTE: No Fee required for Container Addition or Replacement.** Make check or money order payable to: **Oklahoma Department of Labor.** Check the box below to be contacted for credit card payment:

Wish to be contacted for credit card payment

NAME OF COMPANY PERFORMING INSTALLATION:		ALT FUELS COMPANY LICENSE NUMBER	
APPLICANT'S OR AUTHORIZED AGENT'S MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ( )	FAX NUMBER ( )		
EMAIL ADDRESS (REQUIRED)			

PROPOSED FACILITY WILL BE INSTALLED AS (Facility Name)			
STREET ADDRESS OR CLEAR DIRECTIONS TO FACILITY			
CITY	COUNTY	STATE	
CONTACT NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

TYPE OF INSTALLATION <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> BORE <input type="checkbox"/> CONTAINER ADDITION (No Fee) <input type="checkbox"/> CONTAINER REPLACEMENT (No Fee)
AGGREGATE STORAGE CAPACITY OF EXISTING CNG INSTALLATION, IF APPLICABLE _____ STANDARD CUBIC FEET WATER VOLUME
AGGREGATE STORAGE CAPACITY OF CONTAINER(S) TO BE INSTALLED _____ STANDARD CUBIC FEET WATER VOLUME

**\*\*NOTE\*\*** See OAC 380:80-1-8(d)-(h) to review time constraints on all permit applications

**REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED IN HARD COPY AND ELECTRONIC COPY UNLESS IT CONTAINS PROPRIETARY INFORMATION. PROPRIETARY INFORMATION MUST BE MADE AVAILABLE ONSITE TO INSPECTOR UPON REQUEST.**

- The section number of any applicable rules or codes
- Type of relief desired, including the exception requested and any information which may assist ODOL in comprehending the requested exception
- A concise statement of facts which supports the applicant's request for the exception, such as the reason for the exception, the safety aspects of the exception, and the social and/or economic impact of the exception
- For all stationary installations, a description of the acreage and/or address upon which the subject of the exception will be located, to include:
  - A site drawing
  - Sufficient identification of the site so that determination of property boundaries may be made
  - A plat from the applicable appraisal district indicating ownership of the land
  - The legal authority under which the applicant, if not the owner, is permitted occupancy
- A list of the names and addresses of all interested entities as defined in subsection (c) of 380:80-1-8



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CONTAINER(S) TO BE INSTALLED ARE				
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> BOTH				
IF CONTAINER(S) WERE PREVIOUSLY USED, PLEASE LIST WHAT THEY CONTAINED (LPG, LNG, ETC.)				
NAME OF LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)				
GEOGRAPHICAL LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)				
IS THE INSTALLER OF THE CONTAINERS LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO **If no, an "Installer" application must be filed with ODOL (found on our website)				INSTALLER LICENSE NO
CONTAINER VERIFICATION <input type="checkbox"/> MANUFACTURER'S DATA REPORT				
CNG CONTAINER(S)		(W.V.C.F. = Water Volume Cubic Feet; S.P. = Service Pressure)		ATTACH ADDITIONAL SHEETS IF NECESSARY
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
<b>DISTANCE FROM PROPOSED CONTAINER(S) TO</b>				
PROPERTY LINE NORTH	PROPERTY LINE SOUTH	PROPERTY LINE EAST	PROPERTY LINE WEST	
NEAREST BUILDING		RAILROAD		
ELECTRICAL TRANSMISSION LINE	PUBLIC STREET	SIDEWALK		
OTHER TYPE FUEL CONTAINER (SUCH AS GASOLINE/DIESEL)		OTHER TYPE FUEL DISPENSERS (SUCH AS GASOLINE/DIESEL)		

**The applicant must provide notice of the application for an exception as listed in 380:80-1-8(c)**

CERTIFICATION: I declare that I am authorized to make the representations set out on this form to comply with the Oklahoma Administrative Code, and the Oklahoma Department of Labor Alternative Fuels Program OAC 380:80; that this form was prepared by me or under my supervision and direction; and that the statements made are true, correct, and complete, to the best of my knowledge.

If filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding.

\_\_\_\_\_  
Printed Name of Licensee Company Representative or Authorized Agent

\_\_\_\_\_  
Signature of Company Representative or Authorized Agent