



Alternative Fuels Permit 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

Section A

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

Section B

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

Section C

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
ADDITIONAL INFORMATION (IF NECESSARY)



****NOTE**** See OAC 380:80-1-5(g) & (h) to review time constraints on all permit applications

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Section D

CONTAINER(S) TO BE INSTALLED ARE
 NEW (EXCLUDE SECTION F) USED BOTH BORE (EXCLUDE SECTION F)

IF CONTAINER(S) WERE PREVIOUSLY USED, PLEASE LIST WHAT THEY CONTAINED (LPG, LNG, ETC.)

NAME OF LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)

Section E

NAME OF COMPANY INSTALLING CONTAINER(S)

GEOGRAPHICAL LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)

IS THE INSTALLER OF THE CONTAINERS LICENSED? (NOT REQUIRED FOR BORE)
 YES NO ****If no, an "Installer" application must be filed with ODOL (found on our website)**

INSTALLER LICENSE NO

Section F

CONTAINER VERIFICATION 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	NB #	W.V.C.F.	YR BUILT	S.P.

Section G

DISTANCE FROM PROPOSED CONTAINER(S) TO:

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)	

Section H

REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED IN HARD COPY AND ELECTRONIC COPY

FOR ABOVE GROUND CONTAINERS (1 & 2 ONLY) FOR BORE CONTAINERS ALL DOCUMENTATION NECESSARY

1. A plat drawing from the appropriate appraisal district identifying the facility's property boundaries;
2. A site plan of sufficient size that identifies all the items listed in section 380:80-1-5(b)(3)
3. Low pressure/leak monitoring methods
4. Factors of safety used in calculations
5. Drawings signed off on by certified engineers
6. Validation of NFPA 52 1.4.4.1 (1)–(6)

NOTE:

STATIONS MUST PASS INSPECTION BEFORE THEY ARE PUT INTO OPERATION

NOTE:

DOCUMENTATION OF THE PRESSURE TESTING OF THE WELL BORE PRIOR TO BEING FILLED WITH CNG MUST BE PROVIDED BEFORE STATION IS PUT INTO OPERATION

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

Signature of Company Representative